

‘Performing school nursing: Narratives of providing support to children and young people’.

**Submitted by Sarah Grace Sherwin MA, BSc
Student Number: 9584718**

**A thesis submitted in partial fulfilment of the requirements of the
University of Wolverhampton for the degree of Doctorate in
Health and Wellbeing.**

Module Title: Doctoral Thesis
Module Code: NH5001
Title of Award: Doctorate in Health and Wellbeing
Award Leader: Dr. Pauline Fuller
Word Limit: 40,000 (plus or minus 10%)
Actual Word Count: 43,994

This work or any part thereof has not been previously presented in any form to the University of any other body whether for the purposes of assessment, publication or for any other purposes (unless otherwise indicated). Save for any express acknowledgements, references and /or bibliographies cited in the work, I confirm that the intellectual content of the work is the result of my own efforts and of no other person.

The right of Sarah Grace Sherwin to be identified as the author of this work is asserted in accordance with ss.77 and 78 of the Copyright, Designs and Patents Act 1988. At this date copyright is owned by the author.

Signature.....

Date.....

**“With the right support children can conquer
anything”**

(Barnardo's Campaign 2014)

Abstract

Background: Child and adolescent mental health is an important public health issue within the UK. Providing support to young people, to help them cope with everyday life, is a key aspect of the school nurse's role. Yet there is a paucity of published research within the UK and internationally about how this support is provided.

Methodology: Using a narrative inquiry approach, presented as a performative text, this study set out to address the following research question, 'How do school nurses provide support to young people?' Stories were gathered from eleven school nurses to explore their experiences of providing support to young people using purposive sampling. The stories were analysed using an adapted version of the interpretivist-interactionist model (Savin-Baden, 2004).

Poetic re-presentations were used to tell the stories of individual school nurses; an approach seen to be a novel in school nursing research. Using Soja's (1996) spatiality theory as a framework the stories were analysed collectively, to explore different spaces used when providing support to young people.

Findings: This study extends school nursing current literature about what it means to provide support. The importance of regular support and building trusting relationships is identified. Yet challenges exist in terms of the amount of emotional investment required by the nurses, as well as a lack of workforce capacity and organisational demands. It provides an original contribution to the body of school nursing knowledge by using an approach new in school nursing research, and distinguishing different and new spaces in which they perform to provide support to young people.

Recommendations: Further research is necessary to gather stories from young people themselves. Additional support and training is recommended to enhance school nurses' knowledge and skills in providing support. Findings should be conveyed to commissioners to provide insight into the school nurses' role.

Key words: School Nurses, Support, Young people, Narrative Inquiry, Performance

Contents	Page number
Acknowledgements	1
Foreword: Navigating the thesis	2
Glossary	3
 ACT I Prologue	 4
The performance begins	
Parados	5
Definition and types of support	7
Rationale for the study	8
Purpose and scope of study	10
Framing the thesis as a performative text	11
Players in the performance	14
Positioning of self	18
Current context	20
 ACT II Backdrop	 26
Background to the performance	
Scene 1-Introduction to literature review	27
Search strategy	27
Scene 2-Type and nature of support	29
Scene 3-Role of school nurse in providing	33
Support	
Scene 4-Impact of school nurse in improving	41
outcomes for young people	
Scene 5-Accessibility to school nurse support	46
Scene 6-Trust and confidentiality	49
Scene 7-Conclusion to review of literature	54
Scene 8-Research aims and questions	56
 ACT III Exposition	 57
Staging of the performance	
Scene 1-Setting the stage	58
Scene 2-Epistemological and theoretical context	59
Scene 3- Conceptual framework	63
Scene 4- Philosophical framework and design of	
study	67
Scene 5- Definitions of story and narrative	72
Scene 6-The narrators	72

Scene 7-Gathering the stories	74
Scene 8-The rehearsal	76
Scene 9-Approach to analysis and interpretation	76
Scene 10-Presentation of the findings	77
Scene 11-Ethical considerations	78
 ACT IV Dialogue	 81
The telling and analysis of the narratives	
Scene 1-Enter(ing) the stories (Data analysis model)	82
Scene 2-Application of the revised model	90
Scene 3-Performance of individual narratives	97
Scene 4-Performance of collective narratives	106
Scene 5-Epilogue	150
Scene 6-Integrity of the study	151
Scene 7-Limitations of study	161
 ACT V Resolution	 165
Conclusion and recommendations	
Scene 1-Beginning of the resolution	166
Scene 2-What is the original contribution to school nursing research?	167
Scene 3-What does this mean for practice?	169
Scene 4-What does this mean for school nurse education and training?	171
Scene 5-What comes next? Further research opportunities	174
Scene 6-Exodus	175
 Programme Notes	 179
References	180
Appendices	204

List of Figures and Tables	Page
Figure 1 Relationship between participants in the performance	14
Figure 2 Positioning of self in the creation of performative text.	19
Figure 3 Conceptual framework	65
Figure 4 Data analysis model	83
Figure 5 Revised data analysis model	84
Figure 6 The provision of support within the spatiality of everyday school nursing practice	110
Figure 7 The inclusion of fourthspace to provide support within the spatiality of everyday school nursing practice	144
Figure 8 Presence of self within study	152
Figure 9 Possible reasons why young people need support	156
Table 1 Comparative table demonstrating rationale for selecting a performative text	12
Table 2 Concepts of space Soja's theory (1996)	107
Table 3 Relationship between Soja's typology & identified themes	109

List of Appendices

Appendix 1	History of school nursing
Appendix 2	Mapping of thesis module learning outcomes to the study
Appendix 3	Background of the researcher
Appendix 4	Literature search strategy
Appendix 5	Summary of papers reviewed
Appendix 6	CAMHS 4 tier approach
Appendix 7a	Permission letter to manager
Appendix 7b	Letter to participants
Appendix 8	Story gathering event (interview) schedule
Appendix 9	Process of study
Appendix 10	Data management process
Appendix 11a	Ethics committee approval
Appendix 11b	NHS permissions to undertake study
Appendix 12	Consent forms
Appendix 13	Example of concept map
Appendix 14	Biographical vignettes of the narrators
Appendix 15	Common elements identified across the stories
Appendix 16	Poster presentation notes
Appendix 17	Publication of findings in a professional journal
Appendix 18	Example of practitioner's response to article
Appendix 19	Audio CD of sample of poetic re-presentations
Appendix 20	Dissemination strategy
Appendix 21	Professional Doctorate Conference proceedings
Appendix 22	CPHVA National Conference Programme
Appendix 23	Example of Twitter response to conference presentation
Appendix 24	Acceptance of poster at International Conference and copy of poster

Acknowledgements

I would like to thank my supervisors Dr Vinette Cross and Dr Dean-David Holyoake for their enduring support, advice, critical discussions, and guidance whilst undertaking this study. Their encouragement has been invaluable. My thanks is also extended to Dr Dee Drew who encouraged me to embark on this journey in the first place. I would like to particularly express my thanks to the school nurses who volunteered to share their stories, and gave their time so freely and generously. It is a privilege to be able to work with such passionate and committed nurses, who work tirelessly to support children and young people who are distressed, in crisis and feel they have nowhere to go. Finally I would like to thank my family; my husband Paul, my children Joseph and Bethany as well as my parents for their love, patience and support to help me be able to achieve this.

Foreword: Navigating the thesis

As this study focuses on how school nurses perform their everyday role, this thesis is presented as a performative text, and as such is divided into Acts relating to the various elements that constitute a performance. Where appropriate the text is then further subdivided into scenes depicting different aspects of the study.

ACT I, the Prologue, prepares readers who are seen as the audience and critics for the beginning of the performance. It explains the current context and the rationale for the exploration of this subject and identifies the roles that people play within the performance.

Within ACT II, in order to provide a sound background to the performance, a detailed literature review is proffered drawing upon policy, academic papers and research both nationally and internationally.

ACT III is concerned with the staging of the performance and includes details about epistemological positioning, the approach that underpins the study, design and methodology, the conceptual model devised to frame the study and the intended presentation of the findings as well as ethical considerations.

In ACT IV the findings, analysis and discussion are intertwined and presented using poetic re-presentations to personify individual voices. The stories as a collective are then explored representing multiple voices framed around spatial theory. This Act also considers issues relating to the integrity of the study and deliberates on its limitations.

ACT V explores the impact of the findings, proposes resolutions and outlines recommendations for school nursing practice and education to enhance and develop the provision of emotional support to children and young people. It identifies the original contribution that this study has made to school nursing.

Finally ACT VI provides references, additional information and documentation within the appendices which further supports the study.

Glossary/ Terminology

Definition of school nurse

The participants at the centre of this study are 'school nurses'. This is a generic title that generally defines the role of a nurse employed by the NHS covering a caseload of primary and secondary schools. However, at a national level the term is not always homogenous, as NHS Trusts may use different titles and structures. Some only refer to staff as school nurses if they have undertaken additional training, at either degree or masters level, to qualify as a Specialist Community Public Health Nurse [SCPHN]. This qualification allows practitioners entry to the third part of the Nursing and Midwifery Council Register (NMC, 2004). Other Trusts use the term school nurse to cover all those qualified first level nurses working within the school health service. For the purpose of this study only SCPHN school nurses were recruited, although the published literature may refer to the term school nurse(s) who may or may not have the SCPHN qualification. It is widely acknowledged that within the service there needs to be more male school nurses, particularly from a wider range of different ethnic backgrounds, in order to support the health needs of boys and young men (Department of Health, 2012; Lewis and Lenehan, 2012). However, as the school nursing workforce is predominantly female, the female pronoun 'she' will be used.

Narrator(s)

Within narrative inquiry various terms are used to describe those telling their stories. For the purpose of this study the term 'narrator' will be used.

Children and young people

School nurses work with children and young people aged 4-19 years of age, however to prevent terminology being unwieldy and for clarity, the term 'young people' will be used throughout the thesis to cover this age group.

Researcher

As this thesis is presented as a performative text, the researcher is considered to be the voice of the 'chorus' as depicted in classical Greek theatre, and so this is the term adopted throughout.

Readers of the study

The readers of this thesis are considered to play the part of the audience as well as 'performance' critic, and therefore are referred to as such where appropriate.

Interviews

The word interview implies a power base on the side of the researcher, therefore as the data collection process viewed as being more of a collaborative nature, with the narrator in control, the term 'story gathering event' was used to describe the process of collecting the stories.

ACT I

PROLOGUE

The performance begins

“What happens when the light first pierces...the dark dampness in which we have waited? We are slapped and cut loose. If we are lucky someone is there to catch us....and persuade us that we are safe. But are we safe? What happens if, too early we lose a parent? That party on whom we rely for not only everything? Why, are we cut loose again ...and we wonder, even dread...whose hands will catch us now?”¹

PARADOS

At the time Charles Dickens was born in 1812 life, could be brutal and harsh. Among the poor life was difficult with parents working long hours, often six or seven days a week for little pay. The work was often physically demanding, gruelling and dangerous. Many children died before reaching their fifth birthday; of those that did survive they were often found working alongside their parents by the age of ten. Dickens believed that support, along with a good education, was fundamental to improving the lives of the poor and championed this as well as reforming existing schools attended by more wealthy children. In order to draw public attention to the plight of children within the education system and to social injustice, he wrote the novel *Nicholas Nickleby* in 1839. Since then it has been performed as a stage play, depicted in film, and dramatised for television.

Today children and young people remain one of the most vulnerable groups within a community. While the problem of physical poverty remains, they also face pressures, adversity and challenges of an emotional nature in their everyday lives (Smith and Sherwin, 2009). Children and young people require support for a variety of reasons and can be at risk of low levels of wellbeing, psychological distress and potentially developing mental health disorders (Stengard and

¹ Extract from the screenplay performance of *Life and Adventures of Nicholas Nickleby* (2002) based on the novel by Charles Dickens (1839).

Appelqvist-Schmidlechner, 2010; The Children's Society, 2014). Some children and young people are even more at risk as they attempt to deal with particularly difficult situations such as family breakdown and conflict, bullying, relationship abuse, bereavement, trauma, and depression (Momoh, 2011; Cotton, 2013; Godson, 2013a; Lyons and Rabie, 2014). Peer pressure, parental expectations and the impact of consumerism can also contribute to feelings of anxiety and social exclusion (Rowling, 2009),

"...children die of a modern consumption. Children die of image overload, desire saturation and tripping over into the unforeseen dangers and gaps in their significant relationships" (Holyoake, 2012, p.10).

Therefore providing support to young people as a means of addressing their emotional and mental health is a key area of concern, and one to which policy makers and professionals must direct their attention (World Health Organisation [WHO], 2007; Department of Children, Schools and Families/ Department of Health [DCSF/DH], 2008; Davies, 2013). Palfrey *et al.* (2005 p.1121) also suggest that mental health and emotional issues within young people have now become so prevalent, that they can be described as the "new millennial morbidity". Within the United Kingdom one in ten school age children and young people will experience a mental health problem (The Office for National Statistics, 2004; The Children's Society, 2013). However, this increases to one in five young people who experience some type of emotional, developmental or behavioural problem during their childhood (Green *et al.*, 2005).

Young people are vulnerable to particular health risks and may be faced with multiple barriers in accessing health care (Brindis and Sanghvi, 1997; DCSF/DH, 2008; DH, 2011a). Often they do not seek help and attempt to deal with their

problems alone; this is particularly prevalent in young men (Rickwood *et al.*, 2005; DCSF/DH, 2008). In addition there is a close correlation between those who experience some type of mental or emotional issue in childhood/adolescence, and those who continue to suffer or go on to develop mental health problems into their adulthood (Suhrccke, Pillas and Selai, 2007). It has been identified that half of those who have a lifetime mental health problem will have exhibited symptoms before the age of 14 years (DH, 2011a). This costs the NHS in England alone an estimated £105 billion per annum (Lewis and Lenehan, 2012). Poor emotional and mental health can affect their current and future physical health, and also determines how well they do at school thus potentially affecting their future life chances (NICE, 2008; Marmot, 2010).

This study sets out to address the following research question, ‘How do school nurses provide support to young people?’ The aim is to explore the experiences of school nurses and how they provide support to young people both within educational and other settings using a narrative inquiry approach. It provides a crucial, but often unseen, insight into their work and proffers evidence that has relevance to shape the advancement of the profession, ultimately contributing to giving children and young people the greatest possible chance in life. For clarification and abbreviations please refer to the glossary on page 3.

Definition and types of support

The term support is derived from the Latin word ‘*porto*’ which means to carry. For the purpose of this study the linguistic definition offered by The Oxford Dictionary of Current English (2006) has been adopted, “*to keep from falling or*

sinking...strengthen, encourage, give help to...be actively interested in. There are a number of different ways in which support can be given. Practical or instrumental support (provision of resources, tangible aid, transportation); informational support (provision of knowledge and advice to aid problem solving); appraisal support (encouragement and communication of information to aid self-evaluation); social support (exchange of information to enhance an individual's social networks) and emotional support consisting of comforting gestures such as caring, listening, trust, empathy to try and alleviate uncertainty, anxiety, stress and feelings of hopelessness (Dennis, 2003; Hinson-Langford *et al.*,1997). It is not the aim of this study to identify the different types of support offered, as it is probable that a combination of all of the different types is utilised by school nurses. However, as support helps improve emotional well-being and mental health (Finfgeld-Connett, 2005) the aim is to explore what it means to provide this support to young people.

Rationale for the study

As professionals in primary and secondary health care what nurses do each day is considered to be of deep and significant importance to patients and clients (DH/NHS Commissioning Board, 2012). As a corollary nurses working in schools are expected to play a vital role in identifying problems, and then provide appropriate support and care to young people to help reduce the development of potential mental health issues (DH, 2004a; DH, 2004b; DH, 2004c). They can facilitate improvements in young people's physical health and psychological wellbeing as well as helping to ensure that as far as possible they are safe (DCSF, 2007; DH/DCSF, 2009; HM Government, 2010; DH, 2011a; DH, 2012; Davies, 2013;

HM Government, 2013; DH/PHE, 2014a). They are often the people to whom young people choose to disclose a wide range of issues (Norman, 2010; Jetton, 2011), and are the only professional discipline whose remit is to focus on assessing and meeting the health needs of this group (Godson, 2013a; DH/PHE, 2014a). Yet the service is described as being somewhat invisible because although positioned within the NHS, the service is delivered within educational organisations (Debell and Tomkins, 2006; British Youth Council [BYC], 2011). School nursing has a long history dating from the late 1890s and has been subject to a range of reviews (Appendix 1). In 2012 a new national visioning strategy *“Getting it right for children and young people”*, was developed to assist in the planning and delivery of school nursing services in England (DH, 2012). It acknowledges that school nursing involves a range of skilled activities, including that of providing emotional support to help improve the life chances of young people.

Currently, as with many NHS services, school nursing faces many challenges and changes in relation to new models of commissioning (HM Government, 2010; DH, 2010a). As part of clinical governance and commissioning arrangements, school nurses are required to record and audit the number of formal contacts they have with young people. However, very little is known about the quality, type and level of support provided during these contacts, and these are issues that have not been researched in any depth within the UK (DCSF/DH, 2008). DeBell and Tomkins (2006) suggest that the richness of school nursing practice often goes unrecorded and is usually not reported outside of the situation in which it is located. Indeed, within nursing generally, practice narratives are under reported and under

researched, yet they can provide an illuminating insight into everyday practices that make a difference to people's lives (Hudacek, 2008).

Purpose and scope of the study

Given the background described, this research is timely as its purpose is to explore, through the collection of storied narratives, what it means to school nurses to provide support to young people. Psychological wellbeing is a complex concept and there is little research internationally that attempts to measure psychological wellbeing in children (The Children's Society, 2013). But it is not the intention of this study to explore reasons why children and young people seek support or to attempt to measure wellbeing, although this has potential for a subsequent study. This research is concerned with developing a more nuanced understanding than is currently available about the diversity and complexity of school nurses' experiences of providing support to young people. It is anticipated that this study will inform further research and debate, both within the school nursing and wider health community.

In both its approach and presentation the study seeks to undertake research in school nursing which is both creative and original (Appendix 2). It sets out to challenge perceptions, enable fresh insights and understandings, and ask important questions about the future of school nursing practice. It has potential to provide a valuable resource for the training and education of school nurses in relation to mental health and emotional wellbeing issues, and for the continuing professional development of experienced practitioners within the field. In addition

it may shape the advancement of knowledge, to help influence policy aimed at strengthening the provision of high quality care for young people.

Framing the thesis as a performative text

The *modus operandi* of this narrative inquiry is framed using a metaphorical performative genre using Acts and Scenes to depict different sections of the study. As it is considered that the school nurses are ‘performing’ their stories to the readers (audience) of this study, the use of a performative dramatization genre seems appropriate as this highlights what is said and how as well as the response of the audience (Webster and Mertova, 2007). Although it is acknowledged the use of Acts and Scenes is unconventional, particularly in nursing research, authors of qualitative research reports can be flexible and may choose non-traditional, innovative approaches over conventional research reports (Holloway, 2005). This decision was also based on the view, that using the concept of a performance text more closely reflects the character of narrative research than a traditional approach, and resonates more clearly with the readers (audience) (Holloway and Freshwater, 2007). Table 1 (see page 12) provides a comparison outlining the choices made to adopt a performative genre and these are further clarified within the conceptual framework devised to guide the study (see page 65).

Table 1: Comparative table demonstrating rationale for selecting a performative text

Conventional research report	Performative text
Based on linearity	Based on circularity (see Figure 3)
Standardised format following research process	Flexible/responsive format
Conventional report tends to be written text only	Performative text is an illustrated approach. Multi media also used in form of CD Rom recording of poetic representations included (Appendix 19)
Dominant voice with the report is the researcher	Dominant voice with a performative text are the narrators (poetic representations)
Audience / recipients of the report are passive	Audience within a performative text are actively engaged (see Appendices 18, 22, 23, 24)
Outcomes / findings tend to be theoretical and may inform practice	Outcomes/findings are embedded in praxis (see Appendices 17, 18)
Static text	Living text

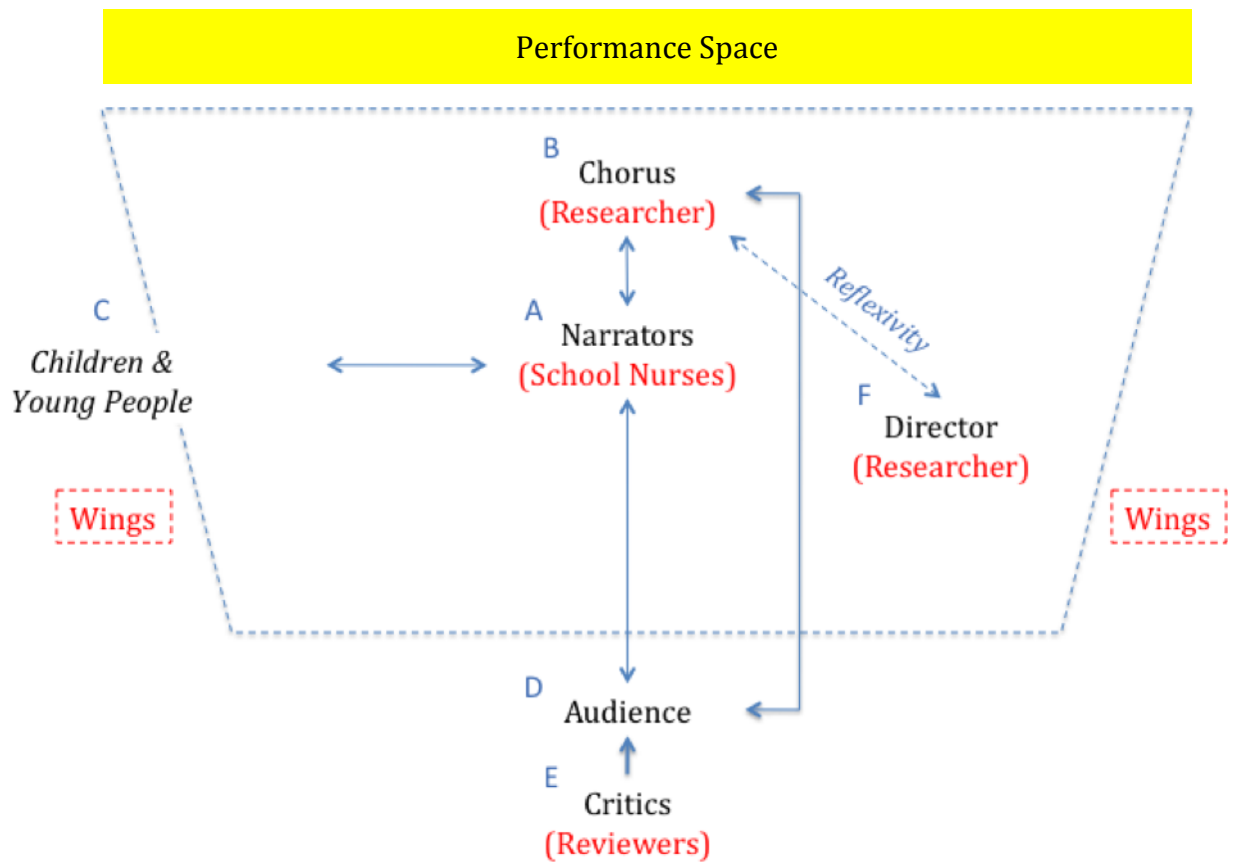
Schechner (2002) suggests that the term ‘performance’ is no longer confined to a physical stage, as performativity is everywhere and linked to all aspects of everyday life. Performance is about communication, identity, illumination of concepts and the negotiation of meaning (O’Neil and Lambert, 1982; Nicholson and Taylor, 1998). These key concepts, together with the findings from the review literature, have helped shape the conceptual framework which guides this study (see Figure 3 page 65). The use of performativity within narrative research is being increasingly used as an innovative means of presenting, performing and disseminating stories to assist nurses to understand the complexities of the role, particularly in relation to their patients’/clients’ emotional health (Holloway and Freshwater, 2007). The use of metaphorical and visual images can be helpful in

demystifying professional practice in order to make sense of creative spaces that exist within it (Bradbeer, 1998; Hunt, 2006; Hunt, 2010).

“There would seem to be a real need for opportunities in professional settings where practitioners feel free to share and reflect with others not only on the how and why of practice situations, but on the myths, narratives, life experiences and ultimate questions that are integral to the ‘intangible fabric’ of being human as well as a professional” (Hunt 2010, p.168)

Although not a performative drama per se, the metaphor has been adopted throughout to shape a space for critical dialogue in relation to this work. Carlson (2004) postulates that the use of performance art can identify unnoticed spaces and provide a display that can be opened up to the ‘public’. By facilitating an encounter between the players and the audience (public) the study endeavours to provide a space to make the storied narratives, which otherwise may have been viewed as unimportant or gone unnoticed, more visible and accessible to others (Hornbrook, 1998). Integral to the performance is not just the conveying of the story but that it enacts, performs and so evokes emotion (Noy, 2003). Figure 1, overleaf, provides a visual representation of a new landscape in which the participants and others occupy metaphorical performance spaces both on and off stage. It details the connections between their relationships and outlines the flow of the narrative within the thesis (Gayle, Speedy and Wyatt, 2010).

Figure 1:
Performer relationships and positioning in the performance space



Players in the performance

Within the performance space the positioning of the different players is denoted by the letters A –F (see Figure 1). The position and role of each player will now be discussed in turn.

A.

Onstage are the school nurses who are referred to throughout as ‘narrators’ as they steer the performative drama by telling their narratives. The use of narrative inquiry and the guiding metaphor of performance place them on a ‘stage’ in order for them to perform their stories and for them to be heard. Each one moves into

the centre of the stage as their narratives are presented as individual monologues and then they move back to the side of the stage (ACT IV Scene 3). However, after each individual performance they all move back into centre stage as their stories are told together as a collective performance (ACT IV Scene 4).

B.

Also onstage in this performance is the 'chorus'. In classical Greek theatre the 'story' was communicated through them (Delcayre, 2014). The dramatic function of the chorus is to serve as an intermediary between the audience and the narrative itself, providing information, highlighting important aspects, commenting on the action and examining the emotion as well as adding depth and complexity (ibid). Additionally Easterling (2014) suggests that the chorus can also play multiple roles. They can connect with and draw the audience in by telling the story, commentating and making responses, ask questions and separate and connect the different dramatic performances of each narrator. In this study the 'chorus' (singular) is used to represent my voice as the researcher² adopting a critically reflexive position throughout the performance (research process) (Holloway and Wheeler, 2007).

C.

The action unfolds through the voices of the school nurses, but they alone cannot create the drama. Although the views of the children and young people themselves are not explicitly explored within this study, it is their stories and needs that drive the nurses' narratives. Therefore, they are seen to be the supporting cast waiting

² Please Appendix 3 for background details of the researcher.

in the 'wings' of the performance. The wings of the theatre are an area not directly seen by the audience, but are a waiting area for those involved to emerge, engage and connect with the audience. Narrative inquiry focuses on who is mentioned in the telling of the story and their purpose (Gergen and Gergen, 1984). The young people's experiences are retold as stories by school nurses, albeit from their perspective, and as such allow the audience to glimpse an insight into the struggles they face. Therefore the young people in the wings play an essential role in the study as without them there would be no story.

D.

The audience for the performance consists of several different groups (layers). The ultimate aim is to create and make sense of the performance space to allow for emotional and intellectual engagement with the 'audience' who are the readers of this study. This engagement may be immediate or delayed, but it will carry the narrative forward by expanding their range of vision and horizon of expectations in order to influence and impact on practice (Urian, 1998). Presenting the stories in a novel way will allow the audience to immerse themselves in the performance. The school nursing community, who are part of the audience, inhabit the same world as the narrators and so it is assumed they will experience similar feelings by identifying with and linking them to their own social reality (Holloway and Wheeler, 2007). But as well as the school nursing community there are others who may inhabit the periphery of the auditorium, such as commissioners of school health services, managers, Public Health personnel, policymakers and future school nurses. The aim is to connect them to the stories in order to help them identify with and have a better understanding the narrators' world and the needs

of the young people waiting in the wings. Whilst these audiences may be offstage they must connect with those onstage to share in and interact with the performance together. This is not without its challenges as usually the audience is physically present; yet within this context the presence of the audience is assumed and implicit (Hornbrook, 1998).

E.

The offstage role of the 'performance critic' is also fundamental and will be played by the peer reviewers of this study both academics and practitioners. It will be subject to rigorous scrutiny by peer reviewers in the field of school nursing in terms of publication and dissemination. As such the role of the critic (along with the audience) will be to bear witness to how these stories have been told and subsequently heard. The critics need to consider how these stories speak out, and need to ask, as in Charles Dickens' novel *Nicholas Nickleby* penned over 175 years ago, do they do justice to young people experiencing emotional poverty? If they do, then what influence can these stories and poetic re-presentations have on practice to further meet the needs of young people and their families?

F.

As already mentioned, within qualitative research, researchers are part of the phenomenon being studied and as such should adopt a self-critical position throughout the inquiry process (Holloway and Wheeler, 2002; Gough, 2003). This is a complex activity as perspectives can change and move however, as Schon (1995) identifies the swampy lowlands of everyday practice are messy, confusing and challenging. Therefore a methodology was sought which places reflexivity at

its centre, this helped me to locate myself within the research, challenge my thinking and interpretation and ultimately the impact on practice. As researcher and author of this study, I have adopted various identities within the performance, one of which is the 'Chorus'. However, I also play the part of 'Director' in crafting and presenting the performance. Interpretation, decisions about how the performance is conveyed, choreographed and staged as well as establishing a relationship with the audience are all within the creative domain of the director (Bailin, 1998; Rowe, 2003). In my role as Director I have tried to stage and craft this thesis in order to present a polyphony of voices to the wider school nurse/health community, for them to consider the potential impact of these stories on practice.

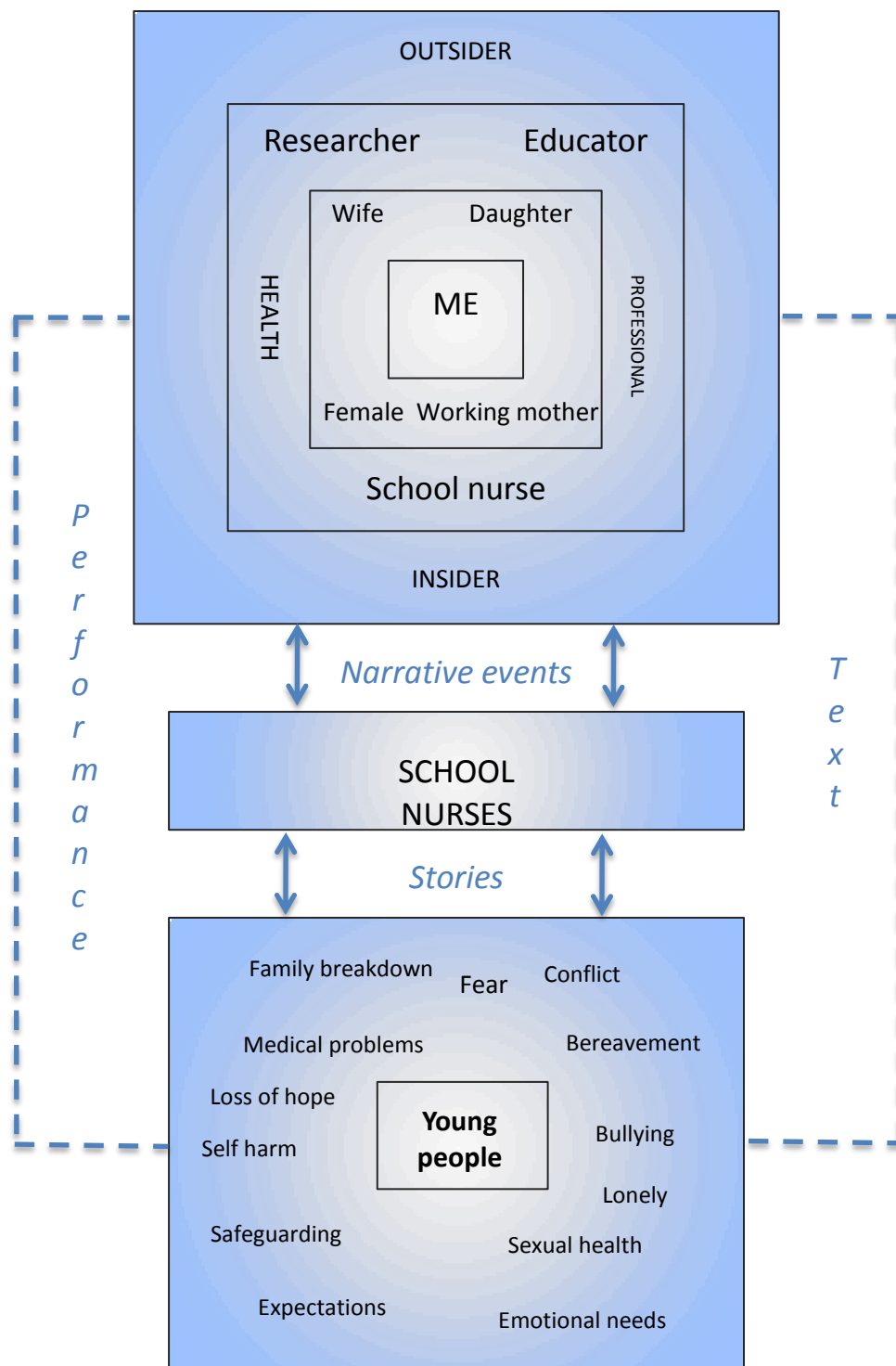
Positioning of self in the creation of performative text

The school nurses, whose performance we are about to enter; face challenges and heartache (as well as joy and pride) in the course of their everyday practice. While also occupying a place in the community of nurse educators and researchers, I too am a school nurse and as such engage and align myself with them in the wider community of school nursing.

Square 1 in Figure 2 illustrates my presence within the study. My personal as well as shared biography provides me with a mutual status, as being an 'insider' facilitates trust to enable stories to be told (Cousin, 2010). Yet this is an assumption on my part, and I may equally well be viewed as an 'outsider' by the narrators. As I am no longer a school nurse working in clinical practice, I may actually be seen to not understand the current stresses of everyday clinical

practice. However, as Figure 2 depicts, I am undeniably part of the performance and am present within the whole of this work (Bakhtin, 1986; Avis, 2005), by bearing witness and giving hope by retelling the narratives about the young people that school nurses' support. All inquiries reflect the standpoint of the inquirer, and it is acknowledged that my position and experiences will have influenced the study

Figure 2: Positioning of self in the creation of a performative text



The bottom square in Figure 2 highlights some of the reasons why young people seek support. However, it is the middle square representing the school nurses, which provides the link between the young people and myself as the researcher, as the stories are told and performed they become narrative events.

Throughout the study I maintained a diary in which I recorded my thoughts, feelings and experiences in relation to the research. This included reasons for decisions made, details of the struggles and dilemmas encountered and the paths taken towards resolution. Therefore, in presenting (as chorus) and being inextricably part of this performance (as director), I deliberately maintain a first person voice throughout (Holloway and Freshwater, 2007). This helps to provide some transparency in co-constructing the performance, interpreting meaning and drawing conclusions (Finlay, 2002a). At appropriate points within this thesis excerpts are incorporated and intertwined, which illustrate the voice of the chorus in commenting on events including those relating to my own personal journey.

Current context

There have been a number of reports published and policy guidance issued that have recently provided direction for the development of school health services in the UK (DH, 2004b; DH, 2006; DH, 2010a; DH, 2012; DH/PHE, 2014a; PHE, 2015). In 2009 the Government introduced the Healthy Child Programme [HCP](DH/DCSF, 2009) which sets out a national public health programme for children and young people aged 5-19 years of age, identifying that school nurses are pivotal in providing support to this age group. *“Getting it right for children and young people”* was a visioning strategy developed by the Department of Health (DH, 2012). The

aim was to provide a national framework that can respond to local needs, equip practitioners and commissioners. It aimed to raise the profile of school nursing as a profession and disseminate good practice, to ensure high quality services are provided to reduce health inequalities and ultimately improve health outcomes. One of the key elements of the visioning strategy relates to the importance of school nurses meeting the emotional health needs of young people. However, this strategy is not supported by any central government financial investment unlike the Health Visitor Implementation Plan which committed to training 4,200 extra health visitors by 2015 (DH, 2011b). Concern exists that although extensive support has been provided for preschool years, there has been no similar investment for children and young people over the age of 5 years and so ultimately there will be gaps in service provision (Godson, 2013b; 2013c). The total number of health visitors will be 12,000 FTE by 2015 (DH, 2011b) covering 3.5 million preschool children, compared to 2,658 school nurses (NMC, 2008a) covering a larger population of 8.3 million schoolchildren (Department of Education, 2014). The number of school nurses training places is set to increase but only by 340 (Health Education England, 2015). It is considered naïve that children living in diverse and complex family situations, experiencing significant difficulties both physically and emotionally, will have all their problems resolved by the time they reach school age.

There are also further challenges facing school nursing in the way services are commissioned (DH, 2010a). From April 2013 school nursing services have been commissioned by Local Authorities and the future of how and what services will be commissioned locally could change significantly. Apart from the National Child

Measurement Programme (DH, 2006) and immunisation programmes, school nursing services are not statutory. Therefore commissioners need to see and understand the important role school nurses' play in supporting the health of children and young people, otherwise potentially services could disappear (Godson, 2013a). This has led to campaigns being launched such as the "121 School Nurse Campaign" led by the UNITE Union/CPHVA (Godson, 2013c), which urges school nurses to take a more proactive role in raising the profile of the service. They are being encouraged to highlight their unique role and the benefits the service can offer to children, young people and their families amongst those commissioning services.

Today's school nurses are at the front line of community health services and ideally placed to deliver on a range of public health outcomes such as reducing teenage pregnancy, addressing obesity and promoting positive emotional health (Sherwin and Smith, 2009; Godson, 2013a; DH, 2013a; DH, 2013c). Vulnerable young people and their families may seek health advice and support on a number of issues such as health problems, family breakdown, bereavement, stress, low self-esteem, bullying, relationship issues, sexual health etc (DH, 2004b). Early intervention strategies and support can make a significant difference (RCN, 2004; 2009). This support is usually offered, although not exclusively, via school based drop in clinics (Brindis and Sanghvi, 1997) run by qualified school nurses. However, whilst some drop-in clinics offer support and advice, others also offer

additional services such as pregnancy testing and emergency contraception and may be run by multidisciplinary teams³.

In recent years the provision of school based drop in clinics has been promoted by government policies (DH, 1999a; DH, 2004a; DH/DCSF, 2009) which highlight that they should be available as a way of providing health information, advice and support to school age young people. Other government guidelines such as the *Strategy for Children and Young People's Health* (DCSF/DH, 2009) and 'Your Welcome' Standards (DH, 2005) endorse this further. However, they also assert the importance of providing accessible confidential health advice outside of schools, in places where young people gather such as youth groups, community cafes and youth buses in order to increase their accessibility to health advice. This provides a shift in focus for school nurses so that they are seen as nurses for school age children and young people and not just within a school environment (Chase *et al.*, 2010).

The Government Mental Health Strategy (DH, 2011a) identifies that school nurses are well positioned to identify mental health issues and provide support to ensure problems do not escalate to crisis point. The School Nurse Visioning document (DH, 2012) concurs outlining that the role involves a range of skilled activities and communication at individual, group and community level including provision of emotional support. The National Child and Adolescent Mental Health Service [CAMHS] Review (DCSF/DH, 2008) identified the school nurse as someone with

³ In some areas school nurse drop in clinics are run in conjunction with other professionals which may include educational welfare officers, youth workers and sexual health workers.

expertise who young people can turn to for support. Although the report states that there is not enough evidence available to provide a clear picture on the level and type of support being provided. One of the most recent important and poignant documents was a large survey (n= 1800) of young people conducted by the British Youth Council (2011). They identified that they wanted early intervention and support in times of need, for example being bullied or experiencing family and relationship problems (ibid). As a concept, the term support is a ubiquitous term that lacks clarity, is intangible, abstract and a highly individual dimension despite its everyday and wide use (Stolz, Andersson and Willman, 2007; Finfgeld-Connett, 2005). However, it is an everyday aspect of school nursing practice that is referred to repeatedly within the literature, but it appears little is known about how it is provided during everyday encounters with young people.

Despite the challenges that exist, school nurses continue to work closely with pupils, parents, carers and teachers, offering support and advice on a range of health issues. They are often described as being in a key position to bridge the gap between school and home (Sherwin and Williams, 2007; DH/DCSF, 2009). However, in order to fully embrace their role as public health practitioners', school nurses must now work more laterally and consider how they can address health inequalities in conjunction with other health partners and agencies. Within the Healthy Child Programme (DH/DCSF, 2009) they must meet the health needs of school age children and young people, not just within the confines of the school boundaries, but in a range of diverse settings, in order to support them to make healthy lifestyle choices. This is a positive step forward as working within a wider

range of settings should increase the visibility of the profession and provide the delivery of a more seamless service for children and young people. Issues such as social capital, empowerment, assessment of health needs and involvement in local policy development and service planning are now seen to be central features of contemporary school nursing practice in order to reduce inequalities (NMC, 2004).

End of ACT I

ACT II

Backdrop

Background to the performance

REVIEW OF THE LITERATURE

SCENE 1: Introduction

As in any performance writers research the culture and phenomenon in which they are interested, in order to present a credible backdrop and context to the audience experience. Therefore a literature review has been conducted to help inform and frame this study.

Although the concept of support is subjective and complex, the benefits of receiving such support in relation to improving health outcomes for adults, is well documented (Murray, 2000; Stolz, Andersson and Willman, 2007). However, there is little research evidence in relation to school nursing practice within the UK and even less relating to what it means to provide support (Croghan, Johnson and Aveyard, 2004; Debell and Tomkins, 2006; Merrell *et al.*, 2007; DH, 2011a). Internationally there is also limited published research particularly in Europe and Asia (Downie *et al.*, 2002). More studies exist in North America, although the school health model in the USA differs from the UK, as in America there is a nurse based in every secondary school. This review examines the ways in which support is understood currently within school nursing. It considers theoretical positions regarding the existence and purpose of the support offered by school nurses to young people.

Search Strategy

The review includes not only academic primary research, but published examples of school nursing practice as well as policy drivers and grey literature. Historically school nursing services have featured within various government health policies

and guidelines, but the evidence base has not been fully captured in terms of empirical research (Caan *et al.*, 2014). Therefore the inclusion of policy and guidelines assisted in providing a more comprehensive overview of the past and current context of the topic. Details of the literature search strategy can be found in Appendix 4.

Only those studies that clearly related to the proposed research inquiry were included in the review (Aveyard, 2014). However, no studies were found that specifically focused on school nurses' experiences of what it means to support young people. Much of the literature focused on how they undertake their generic role and although may be support was mentioned, it was not explored to any depth or extent. Greenhalgh's (2010) checklist framework was used to extract data. Following the review of the literature studies were coded and those with similar codes were then classified into themes (Aveyard, 2014) (Appendix 5). The papers were revisited on several occasions to determine that the identification of these themes was sound (Lincoln and Guba, 1985). The following themes were identified;

- The type and nature of support in relation to emotional/mental health
- The role of the school nurse in providing support
- Impact of school nurses in improving outcomes for children and young people.
- Accessibility to school nurse support in schools
- Issues of trust and confidentiality

SCENE 2: Type and nature of support in relation to emotional/mental health

Leighton, Worraker and Nolan (2003a) used non probability convenience sampling in a small study comprising 25 school nurses (total population) working within one NHS Trust, to identify the reasons why young people required support. A questionnaire using a 5 point Likert Scale was distributed. Despite the dangers of defaulting to a neutral response in 5-point scales (Demspey and Demspey, 2000), the respondents listed the most common types of problems that require support. These included family problems (such as domestic violence, parental separation) self-harm, and emotional difficulties including self-esteem (Leighton, Worraker and Nolan, 2003b).

Similarly Wilson *et al.* (2008) conducted a quantitative study in Scotland to explore the types of problems that young people presented with requiring support from the school nurse. Questionnaires were distributed to a larger sample of 230 school nurses although only 100 were returned (43% response rate), these were then analysed using descriptive statistics (Bryman, 2008). Although largely pre-determined, some questions did allow for free text responses to be given. Data were analysed using computer software packages however; the categories were continually developed and revised by the team of inter-professional researchers at team meetings, thus aiding the inter-rater reliability of the coding (Polit and Hungler, 1993). The findings indicated that school nurses spent most of their time supporting young people who self-harmed, had emotional difficulties, family problems and eating disorders. They spent much less time supporting those who had medical conditions or complex long term health needs. Conversely, it could be

surmised that those with diagnosed medical conditions were already receiving support from other health professionals. But those presenting with emotional problems and self-harm may have only sought support from the school nurse (Spratt *et al.*, 2010). Despite these two studies being carried out in different countries within the UK, the findings are similar which adds strength to their reliability (Leighton, Worraker and Nolan, 2003a; 2003b; Wilson *et al.*, 2008).

Krause-Parello (2008) suggests that the possible root cause of some young people's emotional problems may be loneliness, stemming from emotional or social isolation. Emotional isolation results from a lack of close attachments to a significant adult, and therefore young people may present themselves frequently to see the school nurse. Alternatively, social loneliness can result from lack of friendships, which may occur at times of transition such as changing school. Nonetheless, whatever the cause Krause-Parello (2008) highlights that school nurses can play an important role in listening, increasing young people's contacts with others, and helping them develop coping strategies in order to reduce their sense of loneliness.

The importance of listening or being listened to was also a main finding in a two-stage mixed methods study conducted by Madge and Franklin (2003). Semi structured interviews were conducted with groups of school nurses (n=12) in two different areas of the UK. Secondly a survey of pupils (n= 2988) attending six schools in the same two research areas was conducted. Mixed methodology is becoming increasingly popular within health research (Parahoo, 2006). Although it is often used as an attempt to increase validity, in this study its prime purpose was

to collect data from two different sources rather than to compare findings between the two groups. The school nurses reported that much of the work conducted at school drop in clinics was listening to young people. They felt they needed more time and resources to be able to extend their availability in order to do this more effectively. Prymachuk *et al.* (2011) conducted a study in which the findings appear to support Madge and Franklin's results, finding that school nurses had very good listening and communication skills. Within Madge and Franklin's (2003) study the pupil survey showed that, although the vast majority of them did not access the school nurse as they did not know who she was, they felt that having someone to talk to and listen to them if they did have problems was important. The views of young people about the support provided will be addressed later in this review.

A study carried out in Norway using grounded theory, also reported that active listening or 'intentional attentiveness', helped to provide structured support to young people (Langaard and Toverud, 2010). Intentional attentiveness was defined as listening carefully and connecting to what people say and offering a space for neutral reflection (*ibid*). Thirteen school nurses were observed working one to one with young people, with informed consent being gained from both nurses and young people (Abbott and Sapsford, 1998). The findings from the study showed that active listening and attentiveness was an important factor when providing emotional support to young people. Encouraging them to talk about their problems and providing time and space to do this, helped a number of young people in the study to remain in school and continue their education. Being able to adapt to the uniqueness of each case and supporting the young people to

develop strategies to handle their own difficulties was also seen as fundamental (Langaard and Toverud, 2010). Yet this approach is time consuming and often problems are complex requiring referral to specialist mental health services.

In Queensland, Australia Barnes *et al.* (2004) examined the accessibility of school nurses to young people living in rural communities. This study used a descriptive cross sectional design, in the form of a self-report questionnaire, to identify the role of the school nurse in supporting young people. A total population was used as the sample size was small and 62% (n=44) nurses responded. Descriptive statistics were generated to assist in data analysis (Bryman, 2008). Although care should be exercised in interpreting these findings as the use of percentages can skew data when using small numbers (Polit and Hungler, 1993; Parahoo, 2006), psychological and emotion health concerns were identified as the main reason for pupils accessing school nurse support. The nurses considered it appropriate to deal with these issues, but as identified by Langaard and Toverud (2010) they also found it to be very time consuming. In addition if referral to more specialist services was required then there were often long waiting lists or no services available in rural and remote areas. This limited the effectiveness of service provision, and sometimes meant school nurses working outside of their scope of practice as they attempted to bridge the gap and provide the support needed. Ensuring nurses are able to practice at an advanced level and cater for a wide range of health needs was clearly highlighted.

To identify the views of school nurses concerning supporting the mental health needs of young people Haddad, Butler and Tylee, (2010) sent questionnaires to

700 school nurses across the UK and 258 responded (37%). Overwhelming 93% of the respondents indicated that supporting the emotional and mental health needs of young people was an integral aspect of their role, with 55% suggesting that providing emotional support occupied over 25% of their time. However, only 54% of the sample appeared to have received any specific training in mental health. Managing self-harm, recognising depression and delivering brief interventions were identified as areas that school nurses' wanted more training on. The need for enhanced training to increase the school nurses confidence and skills, to enable them to provide more specialist interventions, was also reported in a number of studies (Madge and Franklin, 2003; Leighton, Worraker and Nolan, 2003b; Lohan, 2006; Wilson *et al.*, 2008; Prymachuk *et al.*, 2011). However, if practitioners are asked if they require more training then the responses will often be affirmative.

SCENE 3: Role of the school nurse in providing support

According to DeBell and Tomkins (2006) there is a plethora of literature that identifies what the role of the school nurse is or could be in supporting young people. However, much of this literature relates to reports, non-statutory guidance for best practice or government policy drivers as opposed to primary source research that would help to build a firmer evidence base for the profession.

The Polnay Report (British Paediatric Association, 1995) highlighted that school nurses needed to work more proactively; but also needed to provide more support to those young people who are more vulnerable, such as those with long term medical conditions or in the 'looked after' system. In 1999 two key government

documents were produced which provided some clarity around the public health policy agenda and the role of the school nurse. Both *Saving Lives: Our Healthier Nation* (DH, 1999a) and *Making a Difference* (DH, 1999b), made it clear what was expected of school nursing services in relation to meeting the needs of children and young people. They also identified that it was an area of nursing that would benefit from further investment and development. In response to these key documents DeBell and Jackson (2000) proposed a national strategy for action in order to clarify the scope of role and to formulate a work plan to help services meet target areas. The strategy identified that the school nurse is often the first health professional to support and advise when a child or young person is emotionally distressed. They specified that school nurses with additional training could easily provide Tier 1 and possibly Tier 2 support as many young people did not require specialist interventions⁴. Yet once again this was non statutory guidance and was not adopted nationally.

Up until this time guidance was aimed at the providers of the school health service. Arguably this could be seen as focusing on the wrong group, as school nurses could easily articulate what support they wanted to provide. However, as much of their work is based in education which is a different organisation (Sherwin and Smith, 2009) it seemed to make sense to provide information directed at the stakeholders. In 2006 non statutory guidance was issued directly to the schools about what school nurses could offer (DfES/DH, 2006). One of the core functions of the role outlined in the document is that school nurses are able to offer

⁴ The NHS Health Advisory Service (1995) recommended a four Tier approach to provide Child and Adolescent Mental Health Services (CAMHS) based on the severity of the issue (see Appendix 6)

“personalised support” and work with vulnerable young people on issues relating to emotional health, resilience building and self-esteem. The document proposed three levels of services that could be offered: basic functions, intermediate functions, and advanced functions. Although there are an increasing number of schools who purchase additional services relating to intermediate and advanced levels, which include the provision of ongoing intensive emotional support (Streeting, 2010).

Lightfoot and Bines (1997) used a qualitative approach to explore the role school nurses play in children’s mental health. In total 41 school nurses, managers and health authority purchasers were interviewed along with 27 teachers across 16 schools across the UK. Two research sites were chosen to try and reflect various socio economic areas, including urban and rural neighbourhoods, as well as differing proportions of minority ethnic groups. Whilst this may be considered a strength, making comparisons between findings is more challenging. For example, interviewing only one or two teachers in each school could have influenced the findings, as their level of involvement with the school nursing service may have been variable (Bryman, 2008). In addition 15 focus groups were held with parents and young people, although it is not stated how many were in each focus group, or the age range of the children/young people. There was no mention of how they were recruited or if any prior ethical approval was granted. This is surprising in a study involving children and young people as they are a vulnerable group within research terms (Parahoo, 2006). The study reported that even though teachers and nurses can play similar roles in supporting young people, school nurses can

make a distinctive contribution, as the support offered can be confidential providing there are no safeguarding concerns (Lightfoot and Bines, 1997).

In the same year DeBell and Everett (1997) conducted a mixed methods study which was much more in-depth and detailed, but only focused on one health authority in the East of England. However, the introduction to the study did attempt to locate the research within the national picture in order to provide some context. All 36 of the school nurses (total sample population) returned a questionnaire. The response rate for questionnaires sent out to 513 schools within the area was also impressive with 87.7% of schools returning information. Parahoo (2006) suggests that one of the main disadvantages of using questionnaires is that the response rate is often very low. This was not the case with this study, but there was no discussion offered as to why the responses rates were so high. Although one reason may be that the research team had a high profile as they shadowed the school nurses in their everyday practice and found that being a 'listening ear' for young people was a key role. There was also overwhelming evidence that school nurses regularly supported those experiencing emotional distress at school. They often tended to work beyond their contracted hours on a regular basis. Interestingly this was less likely when they were focusing on task orientated work such as screening and surveillance, but more likely when running drop in clinics and working with individual young people presenting with more complex and diverse issues (Debell and Everett, 1997). However, they also expressed concern that they did not feel they always had the skills to deal with extreme levels of distress associated with mental health problems.

The findings of a small scale quantitative study by Kari *et al.* (1998) were consistent with the findings of DeBell and Everett (1997). Yet the reliability and the validity of data could be questioned as the questionnaires were administered to pupils and completed and collected under direct teacher supervision. Despite this only 347 questionnaires out of 600 (58%) were returned. They found the role of the school nurse was not always fully utilised by pupils, and for them to offer more comprehensive support, further training was required (Kari *et al.* 1998). Notably some ten years later, Allen (2007) also found that school nurses were anxious about the level of skills they had. She set out to capture the experiences of school nurses providing support in drop in clinics. Purposive sampling was used to gather rich and in depth data involving twenty eight participants (Holloway and Wheeler, 2002; Holloway, 2005) utilising focus groups and individual interviews. The school nurses highlighted the need for emotional health support as the main reason why pupils attended the drop in clinics. Like DeBell and Everett's (1997) study, Allen (2007) also found that extra training, as well as counselling skills, was needed by school nurses.

Brooks *et al.* (2007) offered a position paper critically examining the role school nurses play in helping young people navigate the school health journey. Supporting previous research findings (Lightfoot and Bines, 1997; DeBell and Everett, 1997; Kari *et al.*, 1998; Madge and Franklin, 2003), the paper called for an expansion of the school nurse role, but one which is structured and clearly defined to avoid it becoming a 'jack of all trades' profession. In addition there was a call to raise its profile, so young people are aware of the ability of the school nurse to support their wellbeing and self-esteem, especially for those considered

particularly vulnerable and most at risk. Indeed O'Connor (2012) advocates that self-esteem should be taught as part of the school curriculum and that school nurses should be involved in delivery of the curriculum, as well as helping young people to formulate self-esteem concepts in order to build resilience.

Downie *et al.* (2002) conducted a small qualitative study of school nurses in Australia (n=9). Participants each kept a diary, which was analysed interpretively to identify the different dimensions of their role. Diaries allow for events to be recorded longitudinally either at or close to the time they occurred, providing a potentially more accurate viewpoint of the experience, which would enhance trustworthiness (Holloway and Wheeler, 2002; Munhall, 2012). However, they are reliant on participants actually completing them regularly, and potentially, participants may only record what they think the researchers want to know (Hawthorne effect) (Hansen, 2006). They may have wanted some aspects of the school nurses' role to be more visible than others, which potentially could have influenced the findings. Nonetheless Munhall (2012) comments that any data collected historically must be seen as a translation of translations, and the subjective significance of the events recorded is consonant with the epistemology of qualitative research (Avis, 2005). In order to address the trustworthiness of the data, member checks were carried out to maintain a robust audit trail (Streubert and Carpenter, 1999). Analysis identified that provision of support was an important aspect of school nursing. Interestingly although identified as a separate category, it was highlighted that the provision of support and taking time to listen intertwined with all aspects of their role.

Concurring with Downie *et al.* (2002) is a more recent study conducted in Sweden by Morberg, Lagerstrom and Dellve (2012). The sample size was larger (n=39) and attempted to ascertain how school nurses experience their work in an educational setting. However, this study adopted an interesting stance by framing it in relation to Bourdieu's (2000) concept of 'capital' (resources and power), 'habitus' (beliefs and values) and 'field' to provide a more in-depth theoretical analysis and academic debate. According to Bourdieu the concept of 'field' is the study of dominance differences between professional groups and the relationships that exist within social spaces. Interestingly the Nursing and Midwifery Council (2008b p.17) identifies that the three areas of nursing that are able to register as Specialist Community Public Health Nurses (including school nursing) are referred to as "fields of practice". School nurses can often exist as lone workers within educational settings because their capital and habitus differ from teachers. However, this is often seen as strength of the role as pupils view nurses differently to teachers who can be seen to be authoritarian and disciplinarians (BYC, 2011). Application of Bourdieu's (2000) work helps to understand the position of the nurse in trying to adopt a holistic approach, by providing support within a different professional hierarchical setting such as education.

As well as the provision of support, the importance of trust within the nurse-young person relationship was also highlighted (Morberg, Lagerstrom and Dellve, 2012). Within some of the closer relationships this was described as 'mothering', of which taking time to listen, often within conversations that occurred spontaneously, was fundamental. Yet the school nurses reported that just to 'contain' information without being able to help solve the young people's problems was frustrating.

They described worrying about some young people when they were not at work. Morberg, Lagerstrom and Dellve (2012) appear to take a somewhat feminist perspective, suggesting that as school nursing is a female dominated profession, their ways of thinking and acting (mothering instinct) can emanate through into their practice. The authors suggest that despite being a small sample size and therefore not generalizable (Abbott and Sapsford, 1998), that this is typical of school nursing practice. As similar findings were reported by all the participants, who represented various locations across Sweden, this makes the findings potentially transferable (Parahoo, 2006).

Similarly Pavletic (2011) suggests such relationships are built on the need for some young people to have a positive attachment to a trusted adult. Young people seek out the nurse when they need reassurance, support, and comfort or want to just talk about their problems. However, Roehrig (1995) warns that school nurses need to be skilled in knowing when and how to terminate therapeutic relationships to avoid young people becoming dependent as opposed to empowered. Wilson *et al.* (2008) also explored school nurses' experiences of working with young people with psychological problems. Out of 100 respondents, 22 reported that a lack of professional support and heavy workloads, impacted on not being able to build trusting and sustainable relationships and this caused feelings of isolation, frustration and powerlessness. A small scale qualitative conducted in Scotland which explored the range of mental health needs encountered by school nurses also highlighted that they felt they were well placed to build trusting relationships but often felt overwhelmed and out of their depth

and wanted more structured support and training themselves (Membridge, McFadyen and Atkinson, 2015).

SCENE 4: Impact of school nurses in improving outcomes for children and young people

One of the major criticisms of UK school nursing practice, is the lack of empirical evidence available about the impact of the service in terms of improving health outcomes (Croghan, Johnson and Aveyard, 2004; DeBell and Tomkins, 2006; DCSF/DH, 2008; DH, 2012; Croghan, 2013). The introduction of commissioning means that health services need to provide tangible evidence of improvements in health outcomes (DH, 2010b; DH, 2013b). Some aspects are measurable, for example the number of immunisations carried out or health promotion sessions delivered (DH/PHE, 2014a). However, measuring improvements in health outcomes for young people into adulthood, which occurs over a number of years, can be much more challenging. The impact that school nurses can have on helping young people to cope with difficult situations, thereby developing resilience into adulthood is even more difficult to quantify (Voogd, 2010). Nevertheless, there are some studies that have been conducted internationally that help provide a useful perspective.

Maughan (2003) undertook a research synthesis of 15 studies across a number of countries although none were of UK origin. The studies linked the input of school nurses to some improvements in educational outcomes. Measuring educational achievement, as opposed to health outcomes, could be seen as being easier because this is measured over a shorter time period. The majority of the studies (11 out of

15) were of a quasi- experimental design which, although the absence of randomisation may cast doubt on a study's internal validity (Bryman, 2008) as it is quantitative in nature, findings may be more generalisable (Streubert and Carpenter, 1999; Parahoo, 2006). Overall the synthesis demonstrated that input from the school nurse did appear to help to decrease the number of pupils who were absent from school although other factors not identified may have influenced attendance rates. By providing more intense support to vulnerable individual children their school attendance improved, anxiety attacks decreased in school, and some risk taking behaviours such as smoking and alcohol consumption were reduced (Maughan, 2003). Therefore where intense support was provided, it is likely that the school nurse did have more impact, and educational as well as health outcomes improved. In addition those who provided more advanced counselling skills benefitted children further, as they did not have to be taken out of school to attend clinic appointments with other professionals. However, this research synthesis could only identify 15 studies worldwide confirming the dearth of research in this area (Maughan, 2003).

DeSocio and Hootman (2004) also conducted a review of the literature in the USA in relation to school nursing and improved school performance. Like Maughan (2003) they too found that there was a consensus in the literature, regarding positive outcomes in the mental health of children having regular contact with the school nurse. The importance of having a trusting relationship and the provision of supportive interventions, were found to help to reduce distress and in some cases, it was suggested that it helped to prevent more advanced symptoms developing. Lohan (2006) purports that those pupils who present as being

emotionally distressed at school are not ready or able to learn and so they need support to reduce their anxiety levels.

Bonaiuto (2007) conducted primary research in the form of a longitudinal study over a four year period. It explored the impact of school nursing within one of the largest districts in the USA. Using specific criteria, 240 pupils were identified and followed throughout the study. Benchmarks were set at the outset such as attendance rates at school, level of academic performance and how many interactions they had with the school nurse pre and post study. Pupils were monitored regularly throughout the study period and at the end 220 were found to have made a positive improvement in at least one of the benchmarked categories. In approximately a third of the sample group, pupils' attendance, behaviour and school performance had improved. Significantly 59% reported that as a result of having regular contact with a school nurse, the young people perceived that their quality of life had improved. It is acknowledged that different basic tools were used to predict quality of life, and therefore a more standardised tool may have produced more reliable data. The data was collected manually which was a time consuming process and may have led to errors. Collecting data electronically may increase the accuracy of the data.

By comparison Baisch, Lundeen and Murphy (2011) conducted a quasi-experimental matched control study, using only electronic methods to gather data about immunisation rates and interactions with the school nurse. This was a mixed methods study that also collected data about the school staff's perceptions about the impact of the school nurse and satisfaction levels about the service

provided within a large school district within USA. There were 11 schools and an equal number of control schools were included in the study in order to provide a comparison. School nurse involvement was valued and did have some impact compared to schools with no nurse. Interestingly, unlike any of the other studies, Baisch, Lundeen and Murphy (2011) also produced a cost analysis from the findings to provide details of costs and savings that school nurses can provide, compared to education staff dealing with the same issues presented by the young people. The study reported school staff, including teachers, spent a significant amount of time dealing with health related issues when there was no school nurse present. When there was a school nurse available, the savings on average per school were estimated to be \$133,000 (£79,520) per annum. As the average salary of a school nurse in the USA is around \$72,450 (£43,303), it seems that there is a distinct economic advantage in having a school nurse based in each school. This was also a model proposed by the UK Department of Health (DH, 2004b) which recommended there should be a qualified school nurse leading a skill mix team for every secondary school and cluster of primary schools. However, the budget was devolved to Trusts and the money was not ring fenced to school nursing services, and so very few Trusts within England met this recommendation (UNITE, 2009). By comparison the Welsh Assembly has made a firm commitment to funding a qualified school nurse in each secondary school (Godson, 2011).

Cotton *et al.* (2000) did attempt to cost school nursing services in the UK, but this related more to costs relating to indices of deprivation, as opposed to a comparative view on whether they were more cost effective than another profession. Although it as established that services could reduce or delegate task

orientated activities, to decrease costs and reallocate services to those with greater need (Cotton *et al.*, 2000). This may include young people living in areas of high deprivation, those with long term medical conditions, or special educational needs or where there are safeguarding issues. They suggested that school nursing services would be more beneficial, have more impact and would be valued more highly if they focused on these key areas.

Caan (2010) highly recommends that a cost benefit analysis for key school nurse interventions, such as supporting emotional health needs, should be carried out as a matter of course at a national level. It could be argued that under the new NHS arrangements, where school nursing services are being commissioned and put out to tender, that this is a crucial activity which needs to be undertaken routinely. The need to provide evidence of cost effectiveness is an issue for all school nursing services internationally (Stock *et al.*, 2002).

There are also economic implications for school nursing services within the current changing education political landscape in the UK. Many schools are moving out of Local Authority control and obtaining Academy status (Streeting, 2010). This leads to a debate as to what level of school health service should be provided and whether Academy status schools should have to purchase all or some aspects of the school health service (Voogd, 2011a). A report by the Children and Young People's Health Outcome Forum (Lewis and Lenahan, 2012) indicates that as Academies have freedom to devolve their resources, they could commission additional support services for their pupils. Therefore Crabtree and Davis (2009) advocate that school nurses must engage in marketing their services, whether this

is to commissioners or directly to schools themselves. Indeed, the national service specification for school nursing (DH/PHE, 2014) outlines four levels of service provision that can be offered in order to meet the demands of the Healthy Child Programme (DH/DCSF, 2009). Therefore, if school nurses are able to cost their services more accurately, it will enable them to market their service more effectively. Chase *et al.* (2010) concurs by stressing that school nurses offer a range of services to support young people; but at times they may require additional guidance and support themselves.

SCENE 5: Accessibility to school nurse support in schools

Allison *et al.* (2007) conducted a retrospective cohort study over a 20 month period with 3,599 pupils aged 14-17 years within the USA. It examined the use of school based health clinics [SBHCs] (known as drop in clinics within the UK) by adolescents from low income families, and compared the quality of care with other health care providers. The study found that 22% of the cohort had accessed a SBHC, but a potential concern was that 45% had not accessed any health care at all. Of those that did access a SBHC, the median visit rate was three visits per year per person, demonstrating that young people do have ongoing health needs. This suggests that providing easily accessible school nursing services within schools could increase the uptake of health care facilities making them more effective in prevention and early intervention work.

Ingram and Salmon (2010) support these findings. In their UK study most pupils questioned (n=515) stated they had easy access to the school nurse, and were aware of their availability. Importantly, several pupils stated that if the school

nurse clinic was not readily available, they would not seek health advice or support from anywhere else. However, no statistics were given and so the term 'several' could be misleading. In addition cultural issues were briefly explored in the report, as a group of Muslim faith pupils stated they would not access the school nurse at all in case their family or community found out. Therefore, advertising and marketing services aimed at dispelling concerns around confidentiality is vital. Ingram and Salmon (2010) also found that pupils wanted the school nurse drop in clinic to be available more often and have longer opening hours. These findings concur with both Peckham and Carlson (2003) and Madge and Franklin (2003), who also reported that pupils wanted more access to the school nurse.

In 2011 the British Youth Council was commissioned by the Department of Health to conduct a large scale survey of young people's views about the role of the school nurse. In total 1599 young people aged 11- 18 years completed an individual online quantitative questionnaire, which was followed up with several national focus groups involving 202 young people, in order to gather richer data about their views and opinions. Three key themes were identified from the study, one of which was that 51% of the young people wanted early access to help and support in relation to mental health, including support in times of need for example, family problems, self-harm, depression low self-esteem and someone they could confide in (BYC, 2011). The sample population were already involved with the British Youth Council; therefore they could be considered to be an articulate, informed and empowered group and not representative of all young people. Yet 49% were unsure of how to access the school nurse, and did not know that they were qualified nurses. In addition 51% indicated they would like more support.

Therefore it could be argued that groups of young people who are more vulnerable such as those attending pupil referral units, in the care of local authorities, at risk of sexual exploitation, living in violent households, bereaved young people would potentially require enhanced levels of support in order to reduce health inequalities.

Chase *et al.*'s. (2010) multifaceted study across five different areas in England supports these findings. The sample size was smaller (n=204) with no details given as to how the sample was selected, but it did include a wider age range of young people (age 9 years and above). Unlike the BYC (2011) survey, a significant amount of detail was provided on how ethical considerations were addressed in order to protect the young people taking part. Chase *et al.* (2010) also found that very few of the young people attending high school knew who or how to access the school nurse. Like the previous studies the young people concurred with their counterparts, indicating they wanted more information on how to contact the school nurse, and well as early support from someone they could talk to confidentially and who would listen to them.

Similarly Kendal, Keeley and Callery (2011) conducted a qualitative study in the same year, in three high schools in a UK city. None of the 54 young people identified the school nurse as someone they felt they could access for emotional support as they did not know how to contact them. However, the young people did highlight that they wanted support from someone who would be friendly, confidential, they could trust and that they could talk to about difficult and sensitive emotions such as feeling lonely, sad, anxious and fearful. The study

stated that the next phase was to train school staff to provide such interventions. This is a surprising recommendation given that the young people stated they felt teachers would not be confidential, lacked empathy and just wanted to solve the problem quickly as opposed to listen to them. Interestingly, school nurses already have these skills and could provide more support to schools if given more investment, as working in partnership with others could be a more cost effective approach than training and up skilling other or new staff (DfES, 2006; Merrell *et al.*, 2007; Caan, 2010; DH, 2012; Godson, 2013a; Godson, 2013b; DH/PHE, 2014a).

SCENE 6: Trust and confidentiality

Being a registered nurse means school nurses can make a unique and distinct contribution to promoting the health of young people. They are able to offer confidentiality (unless there are safeguarding issues) and this is seen as a positive feature of the service (DCSF/DH, 2008; DH, 2012; DH/PHE, 2014a). The importance of ensuring health care services support the key principles of confidentiality and privacy and are 'young person friendly', is well recognised (DH, 2005).

Spratt *et al.* (2010) adopted a qualitative paradigm to conduct 25 semi structured interviews with school nurse managers, exploring how school nurses promote positive mental health with young people. Participants stated that confidentiality was fundamental, and a substantial factor in why a young person might seek help. They attached great importance to the uniqueness of the role being located both in and outside of the education system. Being able to bridge the gap between health and education has often been identified as being the distinct aspect of school

nursing (Lightfoot and Bines, 1997; DeBell and Everett, 1997; DeBell and Jackson, 2000; DH/ DCSF, 2009; Voogd, 2011b; DH, 2012, DH/PHE, 2014a). Interestingly Spratt *et al.* (2007) interviewed managers rather than school nurses. The reason cited was time and access but this could be seen as being a limitation of the study. The managers painted a very positive picture of the service, but had the school nurses been interviewed, a more realistic view highlighting some barriers and challenges may have been presented. Conversely it could be argued that managers were able to impart a more strategic overview. Nonetheless the study does acknowledge that further research needs to be conducted.

Two quantitative UK studies were conducted by Kay *et al.* (2006) and Nelson and Quinney (1997). Both studies explored factors that affected whether young people accessed the school nurse for support. They used similar approaches to collect data, including questionnaires to young people and auditing school nursing clinical records. Whilst Kay *et al.*'s study (2006) used random sampling to survey 10% of pupils who attended eleven schools in London, Nelson and Quinney's (1997) study was more limited and was confined to just one school in a rural area. However, Nelson and Quinney used total population sampling as all of the pupils in the school were included (Dempsey and Dempsey, 2000). The survey numbers in both studies were almost identical (n=590 and n=593 respectively). Questionnaires were administered within the classroom by teachers, yet this could be seen as being potentially coercive, and therefore potentially ethically unsound, although it helps to ensure higher response rates. Both studies highlighted that informed consent and the right to withdraw from the study was discussed with

pupils, but declared no one refused to complete the survey. This raises questions about the power base between pupils and teacher previously discussed.

Kay *et al.* (2006) also administered a further survey to those that actually accessed the school nurse over a six month period. They found only 107 pupils in total had used the service. Of those who had completed the initial general school survey (n=590), 30% felt the service would not be confidential and that their parents might be informed they had accessed the school nurse and why. Yet 95% of those who had actually used the service felt their confidentiality was protected. Nelson and Quinney (1997) also highlighted that the young people in their survey had expressed that confidentiality was the main factor as to whether they accessed support from the school nurse, although no specific numerical data were provided. Importantly, in response to the findings Nelson and Quinney (1997) reported that the location of the clinic was then changed to a more discreet area within the school.

Interestingly, the location of the clinic was also an issue in a study by Peckham and Carlson (2003) who undertook a comparative study (n=569) within two schools in a shire county in the UK. Clear attempts were made to match the two schools as closely as possible in order for comparisons to be drawn. However, no two schools can be considered identical, and this needs to be noted in relation to the findings. A project called "Body Zone" has been run by school nurses for a number of years in order to provide support to young people alongside other agencies. This project was compared to the other school where a more limited service had just been introduced. The findings showed that where the project had been in place, both

boys and girls were able to identify that it was important to be able to access confidential support around emotional health including stress, family problems and bullying; although a significantly lower numbers of boys accessed the service. Peckham and Carlson (2003) used a mixed methods approach to collect some qualitative information rich data. Focus groups were used to explore pupils' experiences and the data were analysed using thematic content analysis (Holloway and Wheeler, 2002). In order to improve the trustworthiness of the data, pupils were asked to verify the accuracy of the interpretations (Streubert and Carpenter, 1999). It was not clear whether as a result of using of member checking any information was changed. This was a surprising approach to use with young people, as one of the disadvantages of using focus groups is that, potentially, participants may breach confidentiality (albeit unintentionally). Secondly, people may respond in the way that dominant people in the group respond, and this is of particular concern at a time when peer pressure plays an important part in their lives (Hansen, 2006; Bold, 2012).

Ingram and Salmon (2010) also used mixed methods to survey how 515 pupils accessed school nurse support. The quantitative data were collected by accessing clinical data relating to attendance at the clinic and self-report surveys completed by young people. Statistical analysis showed that the pupils rated confidentiality as being a fundamental influence on whether they accessed support from the school nurse. Similar to previous studies those who had accessed the service were confident about their confidentiality being protected. However, those that did not access the service stated they were worried that it would not be confidential,

confirming findings of other studies. Clearly the findings indicate that young people need more information and reassurance about the nature of the services.

Using an interpretive approach Wicke *et al.* (2007) used convenience sampling to ascertain young people's views about accessing school nurse support in three UK schools. A listening exercise and focus groups (n=106) were used to elicit data although it was not clear how they were selected. These were followed up by a whole school survey (n=241), which asked pupils what they required from school nursing services. The methods used to collect data ensured that those with low literacy skills, and who may potentially have greater health needs were able to contribute to the study. This was the only study reviewed that demonstrated involvement of young people in the design of the research as they helped to develop the questions used in the listening exercise. Data were analysed using thematic content analysis which identified that pupils wanted advice and support in relation to family problems and emotional health, as well as sexual health. Once again it was identified that providing support that respected the young person's privacy, that was confidential and easily accessible was viewed as being important. Wicke *et al.* (2007) identified that the person the pupils could access for support should be a good listener, trustworthy, offer counselling, encouragement and maintain confidentiality. These findings support a manifesto drawn up and developed by young people who belong to YoungMinds a mental health charity. It states that young people want early help, access to trained non-judgemental professionals to listen to them, who will notice their distress and who will 'look out for them' (YoungMinds, 2009).

SCENE 7: Conclusion to review of the literature

In this literature review the current understanding about the role of the school nurse, in providing support to young people from both a research and policy perspective has been explored. There is a consensus within policy that young people's emotional health and wellbeing is important (DCSF/DH, 2008). This is because it affects their current and future physical health, and also determines how well they do at school thus potentially affecting their future life chances (NICE, 2008; Marmot, 2010). In the current context it seems clear from the literature that school nurses are well placed to provide support to young people, in order to promote positive emotional/mental health and provide early interventions for those showing signs of emotional distress (Bagnall and Dilloway, 1996; DeBell and Jackson, 2000; DH, 2004c; DfES, 2006; Caan, 2010; Pearson and Rabie, 2010; DH, 2012; DH/PHE, 2014b). For some young people the school nurse may be the first and possibly only point of contact they have with health services in relation to their emotional health (Kiddy and Thurtle, 2002; Norman, 2010; Momoh, 2011). School nurses reported that some of the close therapeutic relationships they develop with young people are because the young person needs to have a secure attachment to a trustworthy adult. Therefore, it seems that some develop positive attachments to the school nurse, in order to help them cope with some difficult and challenging situations

Training for school nurses (at least Tier 1 and maybe Tier 2) (DCSF/DH, 2008) is indicated, to enable them to work therapeutically, particularly with young people presenting with complex emotional needs whilst they wait for specialist referral. However, it is not clear what this training needed to be, although Prymachuk *et al.*

(2011) suggests joint training with CAMHS practitioners would be beneficial. The importance of providing accessible, confidential services in a private and discreet location in schools run by trustworthy and friendly staff was identified as being paramount.

The school nursing profession is a small workforce and experiences a lack of current investment unlike its sister service health visiting (DH, 2011b). Therefore challenges continue to exist in trying to meet young people's needs in ways that have meaning for them. Current literature suggests that issues relating to mental and emotional health needs are common reasons why young people seek out school nurse advice and support. Overall it is interesting to note that the majority of the studies demonstrated similar findings in their results, despite the use of different methodologies, sample sizes and theoretical frameworks.

Extant research has established that school nurses can and do provide emotional support to young people. However, much of the literature focuses on 'what' school nurses do and there is a significant gap about 'what it means' to provide support. Little attempt has been made to gain a more nuanced insight into school nurses' everyday experiences at grass roots level, and issues relating to a crisis of identity and a lack of freedom within the role have been identified. Therefore a more focused attempt to capture the dynamism and vitality of their practice; to offer a detailed and contextualised understanding of their everyday experiences, could afford a more authentic and robust evidence base to influence and enhance future practice.

SCENE 8: Research aim and questions.

The review of the literature has identified what is already known about this phenomenon, and has therefore helped shape the research questions and methodological design of the study (see ACT III). The overall aim of this research study was to contribute towards a more insightful and meaningful understanding of how school nurses provide support in the context of their everyday practice, so that the findings can help to shape and advance the profession. Therefore the following research questions were posed;

- 1. What stories do school nurses have to tell about providing support to children and young people?*
- 2. What insights do their stories reveal into how they perform school nursing?*
- 3. How can these stories connect with the school nursing community?*
- 4. What work do the stories do in terms of enhancing and developing practice?*

End of ACT II

ACT III

EXPOSITION

Staging of the performance

Stage Direction: Noggs is seen standing in the darkness on the edge of the space listening...

Noggs: "What story should I tell? And how much?... (Pause) Forgive me. It's just...so hard to know where to start. Well childhood never leaves one, does it?"⁵

SCENE 1: Setting the stage

The findings of the literature review indicate the need for a deeper and more illuminating insight into the work of school nurses when support is required. Therefore it is deemed appropriate to adopt a qualitative paradigm by gathering stories to enhance the utility of the study's findings. This approach is now considered essential to the evidence-based practice goal of improving health care (Sandelowski, Trimble and Woodward, 2006 p.1350). As the research questions, posed at the end of Act I make clear, the methodological approach to this work proceeds from the position that the stories the school nurses chose to tell, at a particular moment, about their everyday experiences in practice are a trustworthy source of evidence, which has utility in policy terms. Varying the aesthetic form in which research data are presented (i.e. as stories) expands the scope of what is knowable and enables an emotional as well as intellectual connection with different audiences, for example, scholarly readers, practitioners in the field, clients and service users, and policy makers. The work also invites others to add to the perspective offered in the work.⁶⁷⁸

⁵ Act 1: Scene 1 Nicholas Nickleby Stage version (2001) First produced by the Red Shift Theatre Company

⁶ Sherwin, S., Cross, V. and Holyoake, D. (2014) The pride and the passion: Poetic representations of school nursing practice. *British Journal of School Nursing*. 9 (2) pp.89-94.

⁷ Sherwin, S. (2013) *Narrative Inquiry: Mechanics or Content?* University of Brighton Conference. 31st May 2013. Engaging with Methodology: Diversity, Questions and Challenges.

⁸ Sherwin, S. (2014) *The performance of school nursing: Using poetic re-presentation to explore school nurses stories of providing emotional support to young people*. NEC Birmingham. 5-6th November 2014. CPHVA Annual Professional Conference.

SCENE 2: Epistemological and theoretical context.

Epistemology is described as the branch of philosophy that deals with the study of knowledge (Bryman, 2008; Munhall, 2012). In relation to nursing it is about how this knowledge can assist the nursing community to make sense of reality in the world in which it operates and to know what is 'true' (Streubert and Carpenter, 1999). This understanding of the social world takes place through an examination of the interpretation of this world by its social actors (Bryman, 2008). It is one in which the researcher is immersed and interacts with the research in order to create findings (Streubert and Carpenter, 1999). Ontology is a theory that is concerned with the nature of social reality, existence and particular ideas about the world (Holloway and Wheeler, 2002; Dombro, 2007; Munhall, 2012). Within a qualitative paradigm this is constructed by the participants and relates to the interaction between these individuals, rather than phenomena being seen as 'out there'. It is recognised that epistemological and ontological philosophical assumptions will have influenced the formulation of the research questions and the design of the study, therefore what follows is a discussion on this positioning.

Nursing is a competency based occupation and achievement of competency is based upon the acquisition and application of knowledge to underpin practice (Holt, 1998; NMC, 2004). However, the relationship between the elements and principles that actually constitute knowledge is highly complex. Knowledge is viewed as being the accumulation of facts, theories, science, principles and experiences (Kenney, 1996). Whereas Rolfe, Freshwater and Jasper (2001) offer a more profound definition advocating that knowledge is justified 'true' belief. This

would suggest that to be justified there needs to be some kind of evidence that would support the confirmation of such knowledge.

In an attempt to construct and understand nursing knowledge, researchers use paradigms (patterns of beliefs and practices) as frameworks that bridge both the requirements for knowledge, and the systems that are used to produce such knowledge (Weaver and Olson, 2006; Newman, 1992). Historically within nursing more conventional research methods have been used to seek out rational, empirical and authoritative knowledge, based in the paradigm of positivism and empiricism (Parahoo, 2006). However, Munhall (2012) suggests that while these have their place to provide a technical evidence base, it is intuitive knowledge that is fundamental in underpinning nursing practice. Intuitive knowledge is identified as being knowledge within a person in the form of insight, which becomes present in consciousness and is nurtured through experience in the world (ibid). Therefore intuitive knowledge is central to the phenomenon of consciousness, and to disregard this form of knowledge, could be to deny the existence of consciousness altogether.

Nursing values such as care, compassion and support can also be described as tacit knowledge, which Polanyi (1998) describes as being different from articulated knowledge in that it is what we know, but cannot say, and is gained by the process of indwelling. It can be argued that this becomes intuitive knowledge as one begins to picture and understand intuitively one's surroundings and environment (Munhall, 2012). Utilising Polanyi's theory helps researchers to immerse themselves in the situation by looking for clues, shapes and forms that are in the

background of practice, which can be collected through gathering storied narratives. Patterns then start to take shape, which have more foci and these can then be interpreted and articulated within practice (Edwards, 1998b). It is the enabling and interpretation of these seemingly meaningless experiences, that turn them into meaningful and purposeful ones. Critical reflection increases one's capacity to learn from such experiences (Matthew and Sternberg, 2009), but transformation only occurs when,

"...one views the old with new eyes, seeing possibilities not previously imagined. When this happens there has been a transformation" (Lumby, 1998 p.95).

Additionally critical reflection allows nurses to explicate tacit knowledge in order to inform their learning (Avis and Freshwater, 2006). It would seem that on an individual level the theory of tacit knowledge seems to make sense, as it enables exploration of the artistry of nursing through acts such as providing support. For example, school nurses may engage with a young person because of an identified need, such as child protection or sexual health; but in order to meet these needs fundamental background values that underpin nursing practice, such as caring, compassion and support have to have been afforded (DH/NHS Commissioning Board, 2012). Foucault (1972) suggests that the art and emotion of practice are often hidden, as they are seen as being less powerful than constructed knowledge. Yet expanding propositional knowledge within the dominion of tacit knowledge creates a depth and richness. This can bring about understanding of the social settings in which school nurses operate (Webster and Mertova, 2007)

Benner (1984) makes the distinction between 'knowing that' and 'knowing how'; 'knowing that' responds to theoretical knowledge, whereas 'knowing how' is a

more practical experiential response. Rolfe (1996) suggests that nurses 'know how' to give support without having to understand the underpinning theories, describing it as an informal theory of practice. Yet what this study aims to explore is what it means to provide this support.

Whilst nursing has been described as being both an art and a science, the degree to which either concept influences practice has often been debated (Johnson, 1991; Holloway and Wheeler, 2002). Historically they have been viewed as being two separate entities, yet the two are interconnected, if not inseparable (Peplau, 1988). The science of nursing relates to the positivist, physical, measurable scientific worldview or paradigm, whereas the art of nursing represents an interpretive, holistic approach (Bryman, 2008). This focuses on attributes such as support, caring, compassion and commitment, which now form the basis of the Nursing, Midwifery and Care Staff Strategy (DH/NHS Commissioning Board, 2012). Therefore whilst empirical and epidemiological data can help inform school nursing practice, it is the aforementioned attributes that fundamentally underpin the everyday work of school nurses. It is this immersion in the art of nursing, the adoption of a holistic viewpoint, and the focus on human relationships that make narrative inquiry a powerful approach. However, whether nursing is actually an art is also debated within the literature (Paniagua, 2004). Edwards (1998a) suggests that nursing is more of a craft, which involves activities demonstrating skill and expertise with a perceived end (i.e. providing support to a young person to be able to cope); as opposed to art which is an object produced from the imaginative mind of the artist. Although there is no clear agreement in the

literature regarding this issue, it is suggested that this study brings these two concepts together. Stories are acknowledged as forms of art, and narrative inquiry provides a means of bringing these stories to life by producing and performing them (Munhall, 2012). Using the framework of a performance text this study allows the stories gathered to be performed, therefore the craft and expertise of the school nurses in providing support can be explored and analysed. At the same time it pays attention to the emotional impact on the audience as the stories will have an effect on those reading the findings. It is hoped this will then influence clinical practice and delivery of services. However, it is also acknowledged that aspects of professional practice such as the provision of support are difficult to define and measure in terms of monitoring outcomes, yet it is where much of nursing practice is performed.

“It is within the swampy lowlands, which although are ‘messy’ and ‘ill defined’, that the greatest and most crucial problems of human concern reside and... is where professionals carry out their daily practice” (Schon, 1995 p.42)

SCENE 3: Conceptual Framework

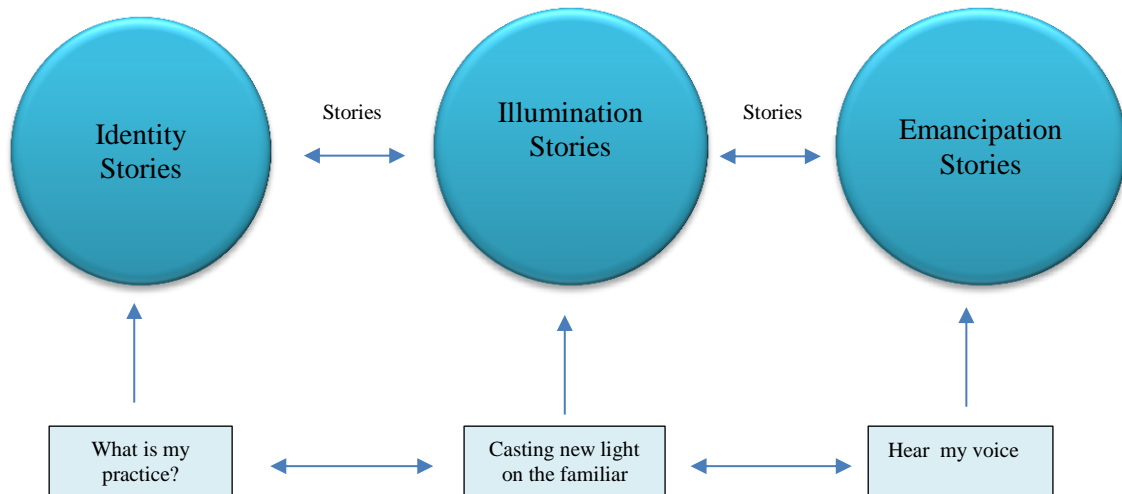
In order to provide direction to the study a conceptual framework has been devised (page 65) which helps provides an organising structure for the design of the study and guides its development. It can be viewed as a map that focuses on what the research is trying to achieve and helps frame the research question, design and outcomes (Green, 2014). Such a map attempts to comprehensively illustrate and describe the relationship between the key concepts underpinning the study and identifies boundaries in order to inform the research effort (Polit and Beck, 2004).

The theoretical constructs of identity, illumination and emancipation have been drawn from key strands which were evident from the literature review (see ACT II). They have been used as the basis for the conceptual framework because they seem to offer access to the most significant personal truths that reside in school nurses' stories (Bakan, 1996; Schechner, 2002). The diagram demonstrates the relationship between the central concepts and aims of the study, and the metaphorical image of a performative text thus helping to set boundaries and challenge assumptions (Munhall, 2012). The use of metaphors is viewed by Richardson and St. Pierre (2005) as being like theoretical architecture, the backbone which links the parts together into a functional and coherent whole.

The framework depicted on page 65 consists of three circles each representing a key concept. The boundaries of each circle are slightly blurred to show that there is flexibility and no absolute rigid definition.

Figure 3: Conceptual Framework

Performance of school nursing as the story of



Performance as the story of identity

This study provides the nurses' with an opportunity to tell their stories, and potentially open up new possibilities for themselves individually, within their community of practice and potentially engage new audiences. Holloway and Freshwater (2007) suggest that nurses in general, have become disillusioned by a loss of meaning relating to their everyday practice. The same may be said about school nurses, that they too may have become disillusioned or conversely it is just that their stories have never been told, and therefore currently remain hidden. As previously identified school nursing is described as a service that is often invisible within health care, as it straddles health and education and is often poorly resourced (DH, 2012). The invisibility of the profession and therefore the expectation, or lack of expectation by other professionals or service users

themselves, can confine and restrict the school nursing profession (Godson, 2013b). Narrative inquiry is a particularly useful approach for researching with either marginalised groups or those with an uncertain identity (Earthy and Cronin, 2008).

Performance as the story of illumination

As narrative inquiry has a 'person centred' approach it can help illuminate human actions and experiences to help inform and shape professional practice (Connelly and Clandinin, 2000; Webster and Mertova, 2007). As a method, it can enlighten the past and present, but also help light the way for individuals to be able to look to the future with hope. Although it is clear how the use of narrative can explore patients' experiences of illness or carers' experiences of caring for a loved one; it also helps nurses uncover and enhance their professional practice (Holloway and Wheeler, 2002). The critical stories school nurses tell about every day practice, are not necessarily about 'extraordinary' events, but cast a new light on what might previously have been experienced as familiar (Friad *et al.*, 2000). Telling and verbalising stories about everyday realities and events can illuminate attitudes, choices, values and consequences that may otherwise be invisible and taken for granted (Grumet, 1981).

Performance as the story of emancipation

Telling stories about the everyday mundane realities of practice can provide not only meaning and insight, but can be emancipatory for those involved and a wider community (Grumet, 1981; Webster and Mertova, 2007). This study enabled school nurses to reflect critically on their everyday work, and to perform their

stories to a wider audience thus giving them a voice. Yet is more than just the emancipation of school nurses themselves. There are also implications for their role in reducing health inequalities and tackling injustice, to empower marginalised young people to recognise and address their oppressions.

To summarise a rationale has been provided for the choice of approach used within this study, and Bruner (1987) concurs, arguing that there is no other way of describing and capturing the sense of lived time, other than in the form of a narrative. The use of narrative inquiry as a methodology provides rich data, in order to explore the 'how' of school nursing practice, and helps to reconnoitre the narrators' sense of place and role about providing support. The use of a conceptual framework; performance as the story of identity, illumination and emancipation helps to focus the study; guide the interpretation and aid exploration of relationships between the identified concepts in the framework, in order to address the research questions outlined at the end of ACT I.

SCENE 4: Design of study

Philosophical framework and use of narrative inquiry

This study employs narrative inquiry, situated within an interpretivist paradigm, and focuses on the way in which humans beings make sense of their subjective reality and then attach meaning (Holloway and Wheeler, 2002; Bryman, 2008). Narrative inquiry adopts a postmodern perspective from which truth and knowledge are seen as socially constructed realities. Whilst post modernism rejects the assumption that truth and knowledge are rooted in objective, rational thinking, clear cause and effect or scientific methodology (Webster and Mertova,

2007; Minichiello and Kottler, 2010); it does not rebuff these more conventional methods. Indeed it is sceptical of all methods with no one having a higher status (Richardson, and St. Pierre 2005). Consequently there is now increasing confidence in using other research methodologies within nursing to explore and understand the concept of 'truth' (Webster and Mertova, 2007). This may depend on the way that individuals view the world, how they make judgements and whether they believe truth is shaped by external realities or socially constructed by human interactions.

Narrative inquiry is a flexible methodology (Sandelowski, 2004; Mcvicar and Caan, 2005) so much so that it has been described by Hendry (2010, p.73) as "*the primary process of all inquiry*" that contextualises nursing practice to make sense of experience, facilitate learning and creates an opportunity to illuminate the way ahead (McCance, McKenna and Boore, 2001). The study of experience as a story is first and foremost, a way of thinking about experience" (Connelly and Clandinin, 2006, p. 375). Key characteristics of a narrative inquiry are temporality, people, action, certainty and context (Connelly and Clandinin, 2006), and it is these features that have informed this study. Narrativists accept that stories are temporal and are subject to change due to passing of time or different audiences. Closely linked to the notion of temporality are that people (storytellers) are also in a state of personal change. Particular actions need to be understood within the context of the past and future therefore exploring narrative meaning is important. Within narrative inquiry there is no certainty and it does not seek to establish truth but to explore meaning (see ACT IV). Finally it is essential to understand the context of the story, as the outcomes may not be the same for everyone despite

having shared similar experiences, therefore the person in context is of most importance. Thus the focus is the people who tell their stories, as a way to understand their experiences in a more meaningful way (Savin-Baden and Van Niekerk, 2007). Therefore it is not an attempt to search 'behind the veil' but an act within a stream of experiences that generates new relations, and becomes part of future experiences (Clandinin and Rosiek, 2006).

Performativity exists as part of or in close relation to postmodernism (Schechner, 2002) and within this study it is used as a metaphorical image on which to present the research. Richardson and St. Pierre (2005) described using literary devices such as metaphors within research as a means of recreating lived experiences and evoking emotional responses. Additionally the telling of a story uses speech and as such becomes a dramatic performance in itself (Denzin, 2001). Yet it is not about being interested in the truthfulness of the narratives as Cousin (2009) points out, because whilst the narrator may try to provide an accurate account, things may change in the retelling at a later date and to a different person. This challenges us to consider not if the story is true, but whether it allows us to see and think about things differently; an objective that goes to the heart of this inquiry. Therefore in this way the performance text works "*its subtle pedagogy*" (Denzin, 2001 p.31). Yet the stories have been selected for a reason (whether consciously or subconsciously) and therefore must be significant. Indeed the telling of the story creates a presence and an authenticity and is a performance in itself (ibid). Within healthcare Holloway and Freshwater (2007) argue that this approach could attract new audiences, and could be seen as refreshing the traditional perspectives of some professionals.

Research connected to human sciences cannot exist in a bubble but conversely it is constantly evolving and changing (Bryman, 2008). As a result research located within this paradigm can never offer definitive answers and facts, but it can offer plausible interpretations and a coherence and resonance for those whose experiences are reconstructed and told (Riessman, 1993). Hegel (in Gaarder, 1995) likened this to a changing river where one can never step into the same point in the river twice, as the flowing water means it has to be a constantly changing, dynamic entity. Although this may seem to some rather nebulous, such dialectic thinking implies that human beings are complex creatures and exist in constantly changing social worlds, which for nurses, manifests as professional practice. These school nurses' storied narratives, are highly individual and described from their own personal experience. Therefore it is not possible to know for certain what the world is like in itself, "*we can only know what it is like for me*" (Munhall, 2007 p.43). Narrative inquiry also provides a means by which researchers can explore not only individual stories, but examine cultural norms and how culture speaks through stories (Coffey and Atkinson, 1996). Thus narrative is more than a way of knowing; it is a way of knowing that something is known and that there is a right to know - a legitimate form of reasoned knowing (Brunner, 1994; Webster and Mertova, 2007). Savin-Baden and Van Niekerk (2007) describe narrative inquiry as a challenging yet effective approach, to try and understand experience as lived and told. It is a useful means of finding out how people make sense of their lives by selecting the stories they tell about noteworthy experiences (Cousin, 2009). It is implicit within the research questions (page 56) that the subjective experiences of the school nurses are remembered and stored in two ways. Research Question 1 is linked to narrative

episodic knowledge, as it links to particular situations and circumstances. Whereas Questions 2, 3 and 4 allow for abstractions and common elements to be drawn from multiple episodes (stories) deemed as being conceptual or semantic knowledge.

This study asks school nurses to recall memorable storied events, however research findings positioned within this paradigm need to demonstrate more than just a description of the individual's experience. Therefore it seeks understanding, meaning and interpretation, as opposed to causal explanation, control and prediction (Munhall, 2012). Existing stories are challenged and new understandings developed, to explore how school nurses provide support to young people (Benton and Craib, 2001). This can enable them to make sense of their experiences through telling of stories (Sparkes, 2005) enabling the audience to understand them better (Savin-Baden and Van Niekerk, 2007). Thus narrative inquiry is collaborative between researchers and storytellers (narrators), and analysis and interpretation start at the same time as the story begins (Clandinin and Connelly, 2000) leading to a deepening spiral of knowledge (Nordman, Kasen and Eriksson, 1998). The role of the researcher (i.e. the chorus) is to bring a dialogue (whole narrative) together, to give voice to those who may be unable to do so themselves (Frank 2010). This collaboration between narrator and researcher allows for a jointly developed narrative with multiple voices but told by one (Connelly and Clandinin, 1990).

SCENE 5: Definition of story and narrative

Within many literary texts the terms 'narrative' and 'stories' are often used synonymously and interchangeably. Derrida (2001) argues the meanings of words are not absolutely fixed but in a state of flux, and therefore are provisional and open to various interpretations. He describes this as 'differance' where words do not exist in isolation, but each word carries traces of other words and meanings. However, Riley and Hawe (2005) argue story and narrative are analytically different although there are a number of different interpretations. For example Frank (2000) suggests a story is the retelling of personal accounts and experiences. Wiltshire (1995) asserts that narratives should be conceptualised as being more formal and structured. Whereas Carr (1986) adopts a different focus and postulates that stories are short term experiences whereas narratives relates to long term or large scale sequences of actions or experiences. However, Connelly and Clandinin (1990) define the two terms as; stories are about the telling of people's lives and experiences, whereas narratives are the result of the researcher's enquiry. Within this study this latter interpretation has been adopted hence the nurses are referred to as 'narrators' of their experiences.

SCENE 6: The narrators (identification and selection)

The study centred on gathering stories from specialist community public health school nurses working for two similar NHS Trusts within the West Midlands. Holloway and Freshwater (2007) state there is no fixed sample size within narrative research. The focus is on a richer and deeper exploration of a small number of cases in a specific context, as the purpose is not to generalise but to address the research question (Bold, 2012). In total eleven story gathering events

were conducted, using purposive sampling to identify narrators with the necessary knowledge and experience of providing support to young people (Bryman, 2008). Access to potential narrators was via e-mail communication with school nurse managers in each NHS Trust. Managers were asked to forward details to all qualified school nurses to invite them to participate (Appendix 7a and 7b). The first six school nurses who responded from each Trust were selected to take part in the study (one withdrew due to illness).

Characteristics of the narrators

All were qualified registered school nurses having completed the Specialist Community Public Health Nursing (SCPHN) school nursing qualification. Their length of experience as a school nurse ranged from 2 years to over 15 years duration and all were white and female. This was not an intentional or deliberate decision, but rather reflects the gender and ethnic profile of the school nursing service within the UK. There were school nurses from different ethnic backgrounds employed by the Trusts but none volunteered to participate. Conversely there were no male school nurses at the time of the study employed by either Trust. Generally within the NHS there are relatively few men employed within the nursing profession. The Nursing and Midwifery Council (2008a) identify that this figure is only 10.69%. However, within school nursing the number of men is exceptionally small, with only twelve qualified male school nurses, registered on Part 3 of the Nursing and Midwifery Council Register within the UK (ibid).

SCENE 7: Gathering the stories

In line with the philosophy of the study unstructured face to face ‘interviews’ were used to gather the stories (Appendix 8). This allowed the narrators to give a free response and be in control (Riessman, 1993). The word ‘interview’ is a term generally used within the research literature and theoretical texts (e.g. Webster and Mertova, 2007; Riessman, 1993). Yet within narrative inquiry the aim is to ensure narrators are in control and able to set the agenda, by telling their story in the way they wish (Bold, 2012). Therefore this shifted the focus from an ‘interview’ which suggests a more formal verbal questioning by a researcher (Dempsey and Dempsey, 2000) to a ‘story gathering event’, which was considered a more authentic description, in which the narrators were invited to share their stories.

All story gathering events were conducted in a place of the narrators choosing and all chose the health centre in which they worked. The environment in which these take place can affect the interaction and free dialogue between the participant and researcher (Munhall, 2012). Therefore quiet and private rooms were booked to avoid any interruptions where possible. Due to the nurses’ heavy workload commitments sometimes it felt a little rushed, although this did not seem to detract from the stories they had to tell. It was emphasised at the start that the purpose was not to question or test any clinical decision making process unless unsafe practice was disclosed.

Although an unstructured approach was used, which is entirely appropriate in narrative inquiry, opening dialogue was used to help establish a social relationship

and encouraging storytelling. In keeping with the metaphor of a performance in classical theatre, the researcher adopted the role of the chorus. Earthy and Cronin (2008) argue that social interaction between chorus and narrator is important as it can influence the way the story is presented. Using “warm up” or framing dialogue is a useful way of getting the narrator to think back in time (Cousin, 2009). Therefore an introductory question *“Can you tell me how long you have been a school nurse?”* was used to open and encourage initial dialogue between the chorus and narrator to help forge a relationship. Then one further open ended question was asked of each narrator, *Can you tell me about how you provide support to children and young people and provide an example?* This avoided over structuring of the conversation inviting and allowing the narrators freedom to tell their stories (Appendix 8). The only other questions consisted of points of clarification or further explanation and respectful curiosity about their experiences. It was important to allow them to tell their stories without interruption and in the way they wished. Positive nonverbal cues were used to encourage them to engage and tell their story. As the stories unfolded, occasional additional questions were formulated and posed to probe, clarify or verify key points (Kvale, 1996). However, care was taken to try and not to interrupt the flow by asking such additional questions. This type of interviewing was not only an important aspect of the data collection, but an actual part of the analysis process embedded within the data analysis model (Streubert and Carpenter, 1999; Savin-Baden 2004; Cousin, 2009).

Eleven stories were gathered and each one was audio taped using a digital voice recorder. Each recording was stored in a coded file on a dual password protected

computer. They were transcribed verbatim using Microsoft Word software. Each line of the transcript was numbered to allow for ease when referring to a specific point with the text. Details relating to the collection and management of data can be seen in Appendices 9 and 10 respectively.

SCENE 8: The Rehearsal

As a novice researcher in the field of narrative inquiry, I 'rehearsed' my own part by collecting one story using my prepared prompts. This also allowed me to familiarise myself with the audio equipment (Gerrish and Lacey, 2010). Listening to, then transcribing and interpreting this enabled me to engage with both content (the story told) and process (how the story had been collected and the event conducted). This rehearsal proved valuable in helping me to think reflexively about my role in collecting as well as retelling/interpreting the story. In other words, how the story space was being created and what was influencing this (Cousin, 2009). The story gathered at this rehearsal was included in the final analysis.

SCENE 9: Approach to analysis and interpretation

Although narrative inquiry has been selected for its flexibility, it was identified that a framework would be helpful to analyse and make sense of the transcripts. After exploring and examining several different models and frameworks the interactionist-interpretivist approach advocated by Savin-Baden (2004) was selected (Figure 4 page 83). This supports the philosophical underpinning of the study in that reality is not objective and meaning is constructed through interaction with others. Savin-Baden (2004) offers a stimulating approach

overcoming the formulaic procedural process of data analysis by coding to understand the subtext of the data by embedding reflexivity into the interpretative process.

As well as exploring the stories individually, they have been analysed as a collective. In order to discover '*what holds them together*', common elements have been identified which will stimulate debate, consider implications for practice and possibly identify areas for further research. Therefore a combination of approaches was juxtaposed in order to capture the individual and collective. The data were revisited on many occasions, in a number of different ways and at several levels. This was to ensure the stories were being accurately transcribed and so can be viewed as accounts that have integrity, transparency and trustworthy (see ACT [IV Scene 6](#)).

SCENE 10: Presentation of the findings

Following the process of analysis and in order to present, explore and interpret the capacities of the stories, they are presented individually and then as a collective to display commonalities between the stories. Positional reflexivity is considered throughout as the stories are performed and re-presented to the audience (Cousin, 2010).

Using the genre of poetry, as a means of re-presenting individual stories in words directly used by the narrators, the individual voice is also heard and remains distinct (Frank, 2010). This is an illuminating way to tell the stories, by ensuring that the voices of the narrators are actually heard and are not lost in some of the

critical researcher interpretations (Savin-Baden, 2004). Although the transcriptions were edited to construct the poetic re-presentations they “*convey authentic and representative remarks straight from the mouths of the participants*” (Sparkes and Douglas, 2007 p.170). This provides a predominance of the narrator’s voice, point of view and sense of identity, thus allowing the audience to have an overview of the individual stories which are retold using exact words. Indeed the poetic re-presentations invite the audience and critics to draw their own conclusions, as they are able to read the stories in a raw, yet illuminating form, alongside the critical interpretation (Sparkes and Douglas, 2007; Bold, 2012).

Following this there is an attempt to perform the narratives together in a collective harmony, utilising Soja’s (1996) epistemological approach to the concept of spatial theory. An addition to the framework is also proposed, identifying a potential supplementary space in which school nurses are beginning to work in new and emancipatory ways.

SCENE 11: Ethical considerations.

Although the study did not directly involve clients such as children, young people and their families ethical approval was still required. Therefore permission was sought from the University of Wolverhampton, School of Health and Wellbeing Ethics Committee and the Research and Development Departments of two NHS Trusts via the Integrated Research Application System (IRAS) (Appendices 11a and 11b). Within the study key ethical principles of ensuring there was no harm to participants, obtaining informed consent, maintaining anonymity and ensuring

there was no deception, were carefully considered using the framework advocated by Diener and Crandall (1978). Written informed consent was sought from school nurses by providing them with an information letter and details of how to contact the researcher, if they required further information about the study (Appendix 12). The school nurses were informed that involvement in the study was entirely voluntary, and that they had the right to withdraw at any stage in the study without having to give a reason; they were not coerced in any way. In the event no one asked for further details or withdrew from the study once consent had been obtained.

Confidentiality has been maintained throughout this study by not divulging information to any other personnel, except for those directly involved in the study, such as research supervisors and examiners. However, these persons have been unable to link the data to participants, as it has been anonymised by using pseudonyms on the transcripts. It was deemed to be important to consider the presentation of the narrators' stories so they were seen as real people and not as anonymous voices. Therefore the use of a pseudonym has helped to ensure that the stories are not detached but are told as experienced by real people. In line with the NMC Code of Conduct (2008b), the school nurses were asked at the start to ensure they did not break confidentiality by disclosing any information about the children or young people that could identify them. The collection of the stories was conducted in a setting chosen by the narrator. All were conducted in a private room in order to maintain confidentiality and to avoid any interruptions which could have interfered with or affected the process. Consent forms were revisited at the start to ensure informed consent has been gained; these were signed by each

individual and all agreed to proceed. Ethical guidelines, as outlined by IRAS and the Trusts' Research and Development Units, in terms of storage and access to data were strictly adhered to. Data were protected by keeping hard copy transcripts and audio tapes in a secure facility within the researcher's office. Information stored on the researcher's computer and mobile memory stick was protected by a dual password system. As the research was conducted as part of an educational programme at the University of Wolverhampton, indemnity insurance was provided by the organisation

Whilst there was no identified risk of harm, it was possible that some school nurses could have become upset or distressed by recounting stories and experiences of how they have supported young people within their practice. Therefore additional support, if required, could have been provided by the current provision of clinical supervision and support mechanisms that the nurses have access to within their employing Trust. In the event none of the nurses became visibly distressed and no issues relating to breaches of confidentiality, safeguarding or unsafe practice were identified. Whilst it can be claimed there were no breaches of ethical procedures, the audience must be mindful that within narrative inquiry there are significant ethical issues, in that decisions are made about which stories to tell and those that are left untold (Munhall, 2012).

End of ACT III

ACT IV

Dialogue

The telling, analysis and implications of the narratives

“What do you mean, Phib?” asked Miss Squeers, looking in her own little glass, where, like most of us, she saw not herself, but the reflection of some pleasant image in her own brain... (identity)⁹

SCENE 1: Enter(ing) the stories (Data analysis model)

Within the first two acts, the contextual milieu and review of the literature gave central stage to the policymakers, scholars, educators and professional bodies. Drawing on these findings, ACT III presented the philosophical and theoretical backdrop to the drama that is about to unfold. Now ACT IV invites the main players, the school nurses, to enter and perform their stories.

Teasing out the analytical threads of the stories can be difficult without the help of framework (Frank, 1995). With this in mind Savin-Baden’s Model (2004) (Figure 4) was a starting point to consider how best to deconstruct, reconstruct and interpret the stories. Its interactionist-interpretivist nature encourages analysis alongside data collection and foregrounds the position and reflexivity of the researcher throughout (Cousin, 2009). In this Scene I explain my interaction with the various elements of the model after which the nurses (narrators) take centre stage in Scene 2. In Scene 3 we then hear their voices as a collective.

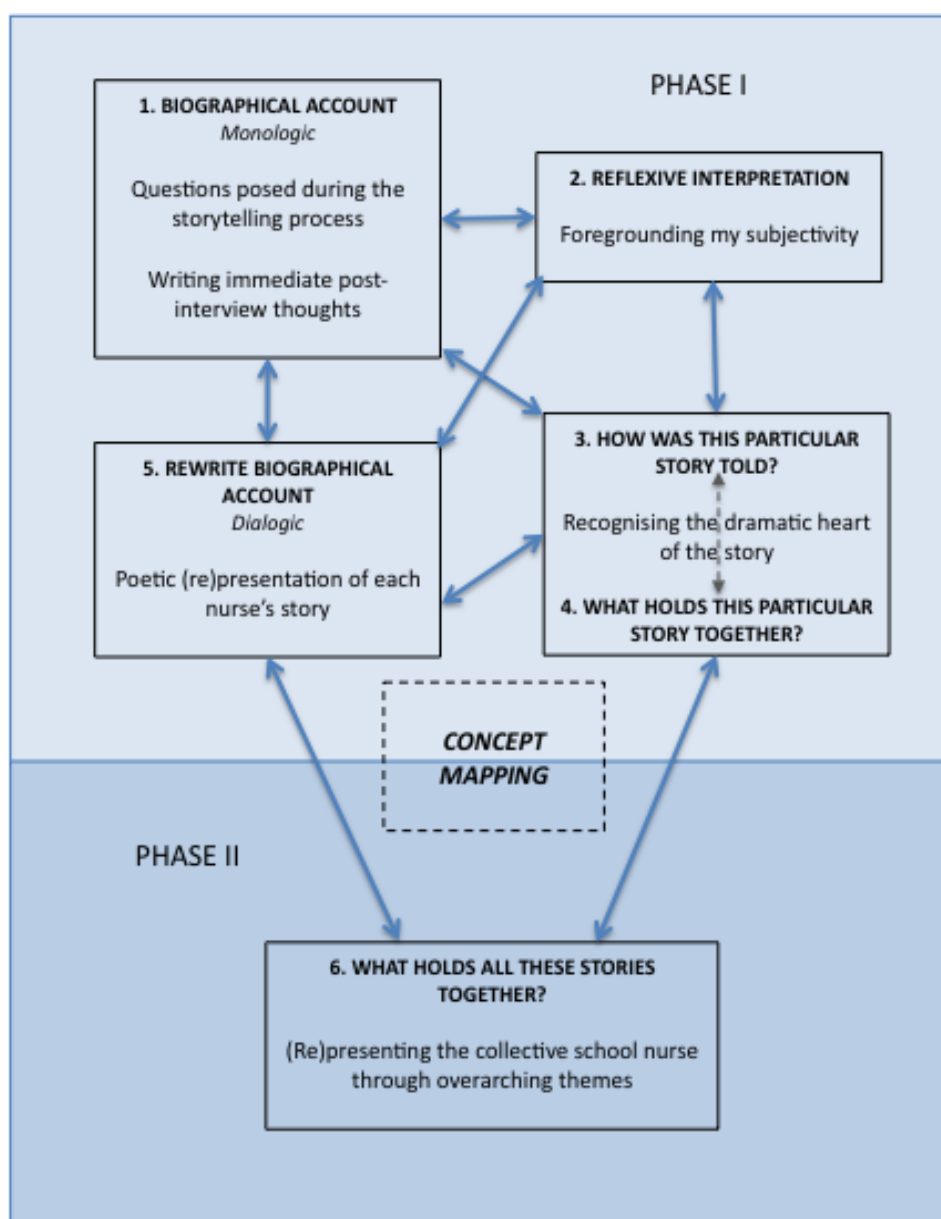
⁹ Act 3: Scene 4. (Dickens 1839) Nicholas Nickleby Stage version (2001) First produced by the Red Shift Theatre Company.

Figure 4. Data Analysis Model (Savin-Baden, 2004; Cousin, 2009).

1.Biographical Account	After gathering each narrative a short biography of the story is written by the researcher.
2.Reflexive Interpretation	Transcripts are re read in light of the biography. Provisional themes are identified.
3.Extension of interpretation	How was the story told?
4.What holds the story together?	
5.Presentation of findings	The biographical account is rewritten taking into account analysis and interpretation.
6.Recognition of overarching themes	Common themes that appear across the stories are explored.

Initially I approached the model in a linear manner. But it was soon clear that there was significant movement back and forth through the stories. This led me to reassess my approach to the model and engage more reflexively with the analysis process. Figure 5 (page 84) better demonstrates my reflective movements during the analysis process. The flow of the revised model still takes particular account of the warning that within narrative analysis '*proceduralness*' of the data should be avoided (Savin-Baden, 2004 p.3; Savin-Baden, Gourlay and Tombs, 2010). My depiction of the model encouraged freer movement and more manoeuvrability by referring to phases rather than stages. Thus Phase 1 involved reflexive movement back and forth between "*my own little glass*" (like Miss Squeers) ... "*some pleasant image (assumption) in my own brain*" (monological) and dialogue with the story teller that allowed me entry into their own experience.

Figure 5. Revised data analysis model for interpreting stories (Adapted from Savin-Baden, 2004)



Phase 1 describes the flexibility of movement (indicated by the multi directional arrows) that took place when analysing the stories individually. Point 6 can be found in Phase 2 of the model which asks “*What holds all of these stories together?*”, in which I also used concept mapping as an interpretive strategy to link phases together (Appendix 13). This new flexibility also helped to clarify my thinking

when a 'stuck moments' of ontological insecurity were experienced as described by Wisker and Savin-Baden (2009). Experiencing feelings of 'stuckness' whilst challenging, also represented moments when new levels of critical thinking and conceptualisation were achieved. One such moment is described as follows:

Chorus

"The sheer amount of information seems overwhelming. How can I present all of this information? The drama of the individual stories seems to have become lost in the collective narrative analysis. How can I raise my level of critical and conceptual thinking? Time is ticking by.... I need to move on...Whilst travelling on the train today I read an article given to us at a recent research study day on the use of poetry in re-presenting stories. Can this be a way ahead and would this be a useful means of presenting the stories and help me to overcome this problem which is blocking the way forward? "

(Extract from my personal reflective journal).

Reassuringly Wisker and Savin-Baden (2009) explain that these moments are essential stages of the analysis process, in order to help identify one's contribution to the construction of knowledge at a conceptual rather than descriptive level. They suggest they should be valued and are often turning points. This proved to be the case as I engaged critically with the model as an interpretive framework, and considered how best to do justice to the emotional impact of the stories.

My journal entries also included aspects that were challenging, surprising or serendipitous as well as any biographical information gathered from the narrator informally. This was invaluable as it ensured each individual was an authorial voice telling her own story (Duffy, 2012). It also conjured up a picture of the person whilst listening back to the tapes. In addition notes were made on any practicalities such as interruptions, problems with venues and time constraints. I was also mindful of my own role in creating a 'story space' (Cousin, 2009). These initial notes recorded immediately after the collection of each story were vital, as they formed the foundations of the first phase in the data analysis model, and assisted in exploring issues relating to researcher reflexivity. This initial phase also involved putting the recorded narratives and transcripts to one side, then constructing a **biographical account** which also included constructing a vignette of the background of each narrator whilst maintaining their anonymity (see Appendix 14).

The **reflexive interpretation** aspect of the revised model challenged me to consider my subjectivity. I re-read the transcripts and re-listened to the tapes in the light of the biography, exploring the following questions posed by Savin-Baden (in Cousin, 2009).

- Are there any particular discrepancies between my account and the narrator's?
- What do I seem to have privileged?
- What have I omitted?
- Which quotes/concepts from the interview support or challenge the biography I have constructed?

The following extract from my journal illustrates the challenges I faced.

Chorus

"Whilst listening to the tape again I was struck by how warm, caring and compassionate Cara was. However, during the interview and whilst listening to the tape on several occasions this hadn't resonated with me before, why was this? Was it because I was concentrating on ensuring the tape was working, listening to the actual content of the interesting story she was telling me or thinking about the questions I was asking.

Job satisfaction was described by Cara as being important to her. Although I had identified this in the initial analysis, I had failed to pick up a key sentence that followed, "it may be it is selfish to get job satisfaction which I haven't had in a lot of other areas". This was interesting to hear, as it would appear she possibly feels guilty for enjoying the job. Sadly this may be something to do with the culture of working for the NHS...."

It was surprising what I had included and omitted either subconsciously or just overlooked. This was rather unnerving as it had seemed that the stories had become very familiar to me. But it appeared they were not as familiar as I first thought, which illustrated the potential within narrative research for recreating '*seeing what you want to see*' subconsciously or otherwise. Therefore embracing the possibility of inter-subjectivity from the beginning through the process of

reflexivity is of importance; indeed the voice of the researcher as chorus is actually seen as being integral to the study (Webster and Mertova, 2007).

This was useful in assisting with reflexivity, as it identified a number of key points that I may not have considered otherwise through deep immersion in the stories as well as with the narrators themselves. This led me to generate new ideas and relevancies and to challenge some previous assumptions.

Phase 1 of the model requires dialogic interpretation by engaging with the content of the story, including **how the story was told**, and finding the dramatic heart of the story to find out **what holds this particular story together**. Following this is a **biographical rewriting of the story**. The meanings of performative dramas are built from the contributions of individuals to connect to others (O'Neill and Lambert, 1982; Gayle, Speedy and Wyatt 2010). So the challenge was to present each narrative event in an evocative and memorable way (Richardson and St. Pierre, 2005).

Poetry and poetic re-presentation have been used to describe and illuminate personal experience within nursing, and therefore this is not a new concept (Sparkes and Douglas, 2007; Lahman, Rodriguez and Richard, 2011). Carper (1978) expresses the value of aesthetics using poetry. These ways as 'ways of knowing' can help to gain a deeper understanding of clinical situations to enhance client care (Linney, 2000; Raingruber, 2004; Hautala, 2011). Hunter (2002) argues that although poetic re-presentation has been used in nursing, particularly within mental health, it is not a conventional medium. More specifically it has not been

used within school nursing research in the UK before; thereby lending originality to the findings of the study.

Poems written about every day clinical events, allows for others to hear and share the residue of another's experience (Raingruber, 2004), thus giving them time to contemplate their own response. Moreover they have the power to be more memorable than prose and so can often be retained for longer (Rowe, 2000). 'Poetic re-presentation' is a way of voicing nurses' accounts of their own experience so as to tell a story that others can imagine in a more personal way. It allows for engagement both emotionally and intellectually, and it is suggested that it depicts lived and embodied experiences more effectively than other forms of writing (Gannon, 2001; Hanauer, 2010). 'Finding poetry' within the transcript (as opposed to creating poems de novo), required breaking up of lines to create the rhythm of natural every day speech as stanza's lending coherence to the narrative (Riessman, 1993). Indeed Richardson and St. Pierre (2005 p.933) argue that presenting research findings in poetic form may actually better represent the individual as "*speech is closer to poetry than to sociological prose*".

Each poetic re-presentation was constructed using the narrators' own words staying close to the text, in order to retell the stories honestly 'through the eyes' of each narrator (Sparkes and Douglas, 2007). Setting the words together in a poetic configuration using a free verse¹⁰ format lets the audience see, hear and feel the world of each narrator in a new dimension,

¹⁰ Free verse is considered to be free from the structure of verse or rhythm (Sparkes and Douglas, 2007)

and engage with each story in a more powerful and practical way (Richardson and St. Pierre, 2005). To achieve this, the recordings were listened to repeatedly, and there was a sense that phrases and lines fell into place capturing the essence of the full story (Sparkes and Douglas, 2007).

A poem keeps the audience drawn in, by opening up a safe space to enter, but also to leave the experience transformed by what they have experienced (Lapum *et al.*, 2012). This facilitates a closer and more intimate relationship with the story than traditional prose could provide being able to absorb the story as a whole, as opposed to isolated extracts quoted from the transcripts. However, more lengthy quotes have their place and these have been used to help illustrate and illuminate key points.

SCENE 2: Application of the revised model

Interpreting Joanna's story through Phase 1 begins with my reflective monologue in the form of a biographical account immediately following the biographical event.

Chorus

"Prior to the interview I felt a little nervous; I had not met Joanna before and not been to this health centre before either. I didn't realise the car park was 'pay and display' only and I didn't have any change. This caused me to be late which created some anxiety as I didn't want to give a poor impression. I was also anxious that I did not want to inadvertently suggest her time was not valued by arriving late. This was not helped further by the fact that the entrance was locked. This meant I could not

access the building and had to spend several more minutes trying to let Joanna know I had arrived. Hence I finally arrived feeling rather frazzled and apologetic!!

It took me a while to settle down as I felt I had created a bad impression by being late.

I felt keen to get started and so I refused her offer of a hot drink as I felt this would delay the start of the interview even more. Although the interview went well I think it

would have been wiser to have accepted a drink in order to provide an opportunity to engage in more small talk beforehand. This may have allowed me to get to know

Joanna a little more before the interview as I felt I had rushed the process".

(Excerpt from reflective journal following meeting with Joanna).

Reflexivity interpretation and how the story was told (Chorus)

"Listening back to the audio tape and comparing it to the transcription of the story, it would appear that there were no discrepancies. However, it would appear that I seem

to give less positive cues such as saying "yes... see what you mean..." in comparison to the other transcripts. Joanna spoke very quickly, hardly pausing for breath at

times wanting to ensure her story was told. This may be because school nursing services are to be commissioned and move to the control of Local Authorities which

sits outside of the NHS. There is currently much anxiety within the profession as to what the impact of this will be. She seemed pleased that someone seemed to be

listening to what she has to deal with on a daily basis".

The language used by Joanna would indicate this had been a considered story. At the start of the interview without any hesitation she said "*I can think of a child straight away I can tell you about...*", suggesting she had given this some thought

about what she wanted to say. At times this considered approach gave way to a sense of frustration and concern in her voice about the future as if time is running out.

Joanna spoke about one young girl that she had supported with issues relating to weight management. She felt frustrated that despite all of her input and those by other professionals including paediatricians the girl remained significantly overweight.

"I feel sad and frustrated... I worry about her and her future as she just keeps putting on more weight..."

Joanna seemed to think that she personally had somehow let her down, as she had wanted to do more intensive work with her, but was unable to because of workload capacity constraints. There were elements of contrast within her story. While she stated she could not offer structured support, she also said she felt school nurses were more generalists, as opposed to specialists offering specific interventions. However, Joanna did feel that building trusting relationships was very important in working with young people, but again this was often denied because of heavy workloads. It may seem that asking practitioners about their experiences of providing support that this opens up fundamental issues about how they perform this role. This may be a defensive mechanism by looking to blame outside factors.

Joanna indicated she felt she was not doing a good enough job, because of time constraints and workload capacity issues. There was a sense of a distinct lack of agency and feeling of disempowerment. She used phrases like *"we just can't*

cope...", and that she faced dilemmas within the role as she had let young people down at times, as she had to cancel appointments because she was called to attend a case conference and *"you just have to go"*. Joanna spoke about how much she gives on an emotional level, describing how she often felt worried about some of the individual young people she worked with and also about school nursing as a profession *"...well that worries me as what do they mean by that and how can we without extra funding?.."* However, as the story progressed Joanna adopted more of a collective stance, and began to depersonalise the issues using the term "we" as opposed to "I ". For example *"we needed to do more... we the system have let them down... that would generate more work and we won't be able to cope"*. This highlights Joanna's sense of a lack of transformational power not only as an individual practitioner but as a collective group/profession.

The importance of credibility and how this could be enhanced indicates that there are issues relating to professional identity. Joanna likened school nursing to health visiting, a service that has seen considerable investment. However, she voiced concern that once children reached school age, the amount of support will be negligible compared to what they have received preschool. Joanna felt school nursing services should offer a more standardised service within the UK like health visiting, which would then provide a more credible, dependable service.

The dramatic heart of this story seemed to lie in letting this young person down. The emotional impact of this on Joanna was the thread that guided my rewriting of the **biographical account** in the form of a poetic re-presentation. *"I let her down"* is a poem that portrays the drama of her story and the way in which it was

performed in practice. It highlights the complexities and frustrations of working with a child and family over a long period of time when there appears to be little engagement or improvement.

I let her down

*I can think of a child straight away
I think about her a lot
Worked with her for about 2 years and
Considering how little time we have had*

*She has had a huge amount of input.
She is 9 years old
Overweight.
I thought that it would be a simple case
Healthy eating, good diet, exercise
But it soon became clear
There were more issues going on*

*Living with mum
Then dad at weekends
Mum doesn't work and
Has alcohol problems.
Uses food to keep the little girl quiet
I feel sad and frustrated
Despite the input
Seems we had no impact at all.*

*I feel like I have let her down
She is going to go into secondary school
Will be bullied and teased*

I feel like I have let her down

*She wouldn't speak to me at first
She kept looking down.
Now when she sees me
She gives me a high five
Took a long time to develop that relationship.*

*Problem is
We let them down
Sometimes*

You invest a lot emotionally

*With these children
On our caseload for 14 years
Building trusting relationships
Hugely important*

*But it doesn't always seem valued
There's too much paperwork
Not enough staff
We can't provide everything these young people need
We
The system
Let them down*

I feel like I have let her down

Joanna's story centred on the challenges of supporting a young person whose parents may not always make positive health choices, and its narrative thread illustrates the frustration Joanna felt in that she "*has let her down*". She portrayed her worries that the girl could be bullied at secondary school, and indirectly this uncovered her belief that this will have a negative impact on the girl's emotional wellbeing and self-esteem. Joanna described how "*you invest a lot emotionally with these children; they are on your caseload a long time*". Thereby suggesting this can impact on her personal emotional wellbeing. Working with young people can be rewarding but challenging (Chase *et al.*, 2010). However, it may be about focusing on small steps as intimated by Joanna, "*She wouldn't speak to me at first, kept looking down, but now she sees me she gives me a high five, that took a long time*", that are just as important as the final resolution of a major problem and a complete change in health behaviour.

Towards the end Joanna emphasises how a lack of staff and too much paperwork takes her away from the frontline making her think that direct engagement with young people is not always valued by the organisation:

*"We
The system
Let them down"*

By telling us that school nursing services *"cannot always provide everything some young people need"*, she asserts a wider responsibility to work collaboratively with other agencies, to provide ongoing specialist support for particular young people and their families with long term difficulties.

However, things are never straightforward. Joanna admits there has been considerable input into this family. But school nursing is not a statutory agency, and therefore can only offer advice and support which may not always be taken up by the family. This may appear detrimental insofar as the service may have limited effectiveness in achieving long term positive health outcomes. From April 2013 many school nursing services have been commissioned by other agencies outside the NHS such as Local Authorities, causing considerable concern within the profession as to the effect of this change (Godson, 2013a; 2013b; 2014). Therefore measuring impact and improving outcomes will become an important consideration for those managing school nursing services, to ensure they are cost and clinically effective (DH, 2010a; DH, 2011b). Yet despite her apparent feelings of frustration that she let this particular young person down, elsewhere in her story Joanna offered a positive insight into why she is a school nurse.

"I enjoy it all really, there's nothing that I enjoy more, the role is very diverse and so interesting".

SCENE 3: Performance of individual narratives: Phase 1 (What do the other stories have to say?)

In Scene 2 Joanna's story was presented in relation to each element of Phase 1 of the model. Scene 3 now concentrates on the dramatic heart of the stories that some of the other nurses had to tell, again rewritten in the form of poetic representations.

"A service with no teeth" explores how Mandy a school nurse was trying to support a 16 year old boy who had become homeless.

Mandy's Story A service with no teeth

*I like the variety
I like the interaction with people.*

*A 16 year old boy wasn't getting on with his family
He left home to live with friends in a flat
But that didn't work out
He ended up homeless
Living on the streets*

*I found out about him from A & E
It was hard to contact him....track him down
He had no mobile....no money
He couldn't stay with mum
He couldn't stay with dad*

*He was kind of stuck cos of his age
I got in touch with children's services and charities
I tried to find him help
He went into a hostel, but he didn't feel safe
So he left now back on the streets again
There's nothing for this age group locally who are homeless*

*I was appalled that someone the same age as my son
Was living on the streets
I was appalled by the attitude of his parents
I found it emotionally upsetting
But all I could do was point him in the right direction
I will never know the outcome*

I like to think I can make something better for a child

*We are a service but one with no teeth
No resources, no power to make people listen*

We haven't got capacity to provide more support

*But school nursing is a really interesting job
So much variety... I like the variety.*

Mandy's story provides an emotive laden narrative. She describes her frustration in trying to access practical appropriate support. Because of the boy's age, he fell between the remit of children and adult services. If he had been under 16 years old he would have been taken in to the care of the Local Authority. But although he wasn't legally an adult either he was still placed in an adult hostel, where he felt unsafe and at more at risk so left to go back living on the street. This highlights a potential dilemma for school nurses who, according to national policy, provide a service for young people up to the age of 19 years of age (DH, 2012). But historically the service has only provided a service for 5-16 year olds within a school environment, and there are no additional monies for school nurses to extend their work with older teenagers in other settings. However, some of the most vulnerable young people are in the 16-19 age group and may experience homelessness, addiction, sexual exploitation and family breakdown (Appleton, 2007). Feelings of anger and sadness also filter through the poem, probably mirroring those felt by the young man himself, demonstrating how life's journey can easily become unstable and fragile.

Metaphorical imagery is used by Mandy to describe her feelings about the position of the service. Her perception is that it lacks the ability to have any influence on

situations such as this, *"We are a service but one with no teeth"*. This would support Debell and Tompkins (2006) view, amongst others, that school nursing is often an invisible service, and one which requires a higher profile to be able to have more authority to raise issues about young people's health. Mandy highlighted the lack of resources as being the reason why she feels there is not enough capacity in the system to provide enough support. Yet despite these frustrations Mandy began and ended her story using positive phrases, *"It's a really interesting job... I like the variety"*.

Similarly another poem **"Who else"**, re-presented from Sophie's story, described how she has supported a teenage girl, who had to go and live with her estranged father and his new family as her mother had died. Like Mandy it also began with her reflecting what it is about being a school nurse that she enjoys.

Sophie's Story

Who else?

*It took me a while to get used to this job
It's very different from other nursing jobs
Being that support mechanism
Giving help to young people*

*It's been a long time that she's been coming to see me
Mum died when she was 9 years old
Had to go and live with Dad and Step Mum
Felt isolated, low, vulnerable
She was depressed... not coping
With anything*

*It helped her to talk
Most sessions she would cry
Go over the same stuff again and again
Wants to go and live with her sister, but she can't
I feel desperately sorry for her
There's no solution*

*I don't know if I make anything better
Just a shoulder to cry on, I just listen*

*Who else would she go to?
Who else can provide that support?
It's about trust
It's confidential
You do worry who she is going to go to
She leaves school in May
I've done way more than I should have done
Trying to ...help her*

*So she can stand on her own two feet and cope
She's getting better
Really getting better*

*Everyone is individual
The organisation doesn't respect that
They think everyone should only have 6 weeks support
Its rare things can be sorted in 6 weeks
It's complex.*

*Who else would she go to?
Who else can provide that support?*

Whereas Mandy largely focused on her own emotions and frustrations, Sophie's story focused on a different perspective. She described the young girl's mood and feelings "*She felt isolated, very low, vulnerable...She was depressed...not coping with anything*". She shared her initial concerns about what can she do to help, and that she was unable to provide a solution to the situation, "*there's no solution, I don't know if I make anything better*". This is an interesting perspective and relates back to the first stanza, where she describes how different school nursing is to her other nursing jobs. Traditionally nurse training has mainly been situated in acute hospital environments to enable nurses to learn their 'skill base', as opposed to working in the community and other settings. Therefore there is a ubiquitous belief that nursing is framed on a medical model (Ball, 2011). Sophie relates to

this and she referred to her previous nursing roles where she “*made people better*”. But school nurses often deal with the emotional health of young people living in difficult family structures, which often cannot be changed or “*made better*”. Therefore at times Sophie, as did Mandy, used negative language to express her feelings as to whether she felt she could help. This lack of self-esteem and feeling of low worth amongst nurses generally is commented on within nursing literature (Borthwick and Galbally, 2001). But unlike acute nursing, school nursing has even less of a recognised patronage and heroic history, which may contribute to them feeling less valued (Health Visitors Association, 1995; Godson, 2014).

A key principle underpinning school nursing practice is the ability to search out and meet the health needs of children and young people (NMC, 2004). Sophie indicated that there is no one else in school able to provide the emotional support that she can. The school pay for Sophie to work extra hours and it is this which seems to provide her with some legitimacy. She seemed to feel more valued by the school than the other school nurses narrating their stories. The importance of having a trusting relationship with the young person is also highlighted. Being trustworthy is a key attribute that young people often cite as being important in a school nurse (British Youth Council, 2011; Madge and Franklin, 2003).

On two separate occasions Sophie mentioned that cases are complex and not easily solved or managed. She continued her story by describing the changing nature of the relationship from one of dependence to independence, so the young person is more resilient and able to cope on their own without her support. Sophie rejoiced by passionately declaring that “*She is getting better*” and this appeared to give her

job satisfaction. This was emphatically stated by using the word “*really*”, to describe how much she enjoyed her job.

Like Sophie, Susan’s story is also passionate, and at times is an almost effervescent insight into her role as a school nurse.

Susan’s Story
Please give us more

I run a drop in clinic in school
It’s brilliant
I am getting to know the young people
But lunchtime is not long enough
It’s about building relationships
Asking.... “Are you ok?”
A friendly face

Our key skill is flexibility
We have a whole load to offer
listening and signposting

The young people
Need someone who’s always there
Not judging
Be there to support but
We must be reliable

The quality of our work
Is about building them up
There isn’t one school that couldn’t use
More school nurse time.

If you take us away there’ll be calamities
Please give us more money
I plead for more hours
Please give us more hours

The commissioners
Want something measurable
How do we measure success?
We need to ask more young people

It’s tiring, it’s draining

I haven't stopped all day

*That's what it is like.
You take it all on board
Worry about the young people
'Cos no one else does.
I want to make a difference
I can make a difference.*

Susan began on a positive note describing an aspect of her job as “*brilliant*”. Like the other school nurses she too highlighted the importance of relationship building, and the need to be there for young people by just asking them “*are you ok*”? Susan identified some key attributes and characteristics of school nurses in order to demonstrate the uniqueness of the role. “*We have a load of skills to offer...we are flexible...are good at listening...non judging...there to support*”, but she then issued a caveat that school nurses must also be reliable. This echoes Joanna’s story of the importance of being reliable and not letting young people down.

At one point Susan’s tone changed significantly to one that may be described almost as ‘missionary’. This change of positioning occurred in stanza 5, as she moved out of the mode of talking to an individual, to ‘set out her stall’; in order to ‘make a bid’ to a much wider audience. Her language, whilst remaining emotive as in previous stanzas, became more passionate and one of urgency and the pace of her voice became faster.

*“Please give us more money
I plead for more hours
Please give us more hours
We need to be more available”*

Susan’s biography becomes particularly important, as she has held a number of posts as a school nurse in various Trusts including managerial positions. This may

explain her attempt to speak to a wider and higher audience, in order to use the research study politically to reach out and access more strategic policy makers with decision making powers.

Susan tried to explain what it would be like if school nursing didn't exist and her tone became more reflective and melancholic in nature. She posed a rhetorical question about how successful school nursing practice can be measured and poignantly asked "*what is success*"? Once again this reiterates previous narrators' views on the challenges they face in demonstrating to those commissioning services about the complexities of measuring practice. However, Susan then offered an answer, in that success to her is feeling that "*I can make a difference*". She took this further by providing a potential solution to the measuring of success in practice, suggesting that young people need to be involved in evaluating the service more regularly. This is in line with the British Youth Council (2011) survey in which young people said they wanted to give feedback on a regular basis on services they receive. Susan suggested that school nurses can do this, is by the increased use of social media and texting. This approach would also assist in communicating more effectively with and provide more support to young people.

Susan, like Mandy, also referred to her role as a mother in relation to her practice, although she took a different perspective. She spoke about how the demands and challenges of the role impacts on her family, as she takes work home with her on an emotional level.

*"Often I haven't stopped all day
My kids don't understand
I try to explain what it's been like at work
Not had a break
I snap at them sometimes"*

Interestingly Susan also used some metaphorical imagery to illustrate that she worried about the young people she works with. However, she suggested this is not just an issue pertaining to school nursing, but one that exists across the whole of nursing.

*"There is a room full of people
A nurse comes in and puts a waste paper basket in the middle of the room
Everyone throws their worries into the basket
Then the nurse picks it up and takes it away
That's what it is like
You take it all on board
You worry about them cos no one else does".*

The use of the word "you" is repeated in the last stanza, suggesting this is more of a collective term to describe how school nurses generally worry about young people's situations. This may be because she has worked with and managed a number of different school nurse teams and has observed this first hand.

These poetic representations have allowed for the spirit of each nurse's story to be told using an economy of words (Sparkes and Douglas, 2007). Using poetic representations has given a more dramatic insight into being a school nurse doing one's best to help support young people. By getting to the dramatic heart of each story the poetic device was an effective response to the question *"what holds the story together?"* It was augmented by concept maps produced for each individual to tease out the threads within the narrator's story (Appendix 13). The development of these concept maps link Phase 1 and 2 of the model (Figure 5 page 84). This visual format was helpful in exploring potential relationships between

conceptual categories in order to see how theoretically they might fit together (Miles and Huberman, 1994; Munhall, 2012). It also helped to avoid being formulaic and linear and enhanced involvement in the subtext.

SCENE 4: Performance of collective narrative: Phase 2 (What do the collective stories say?)

Once the narratives were analysed individually, the analysis moved to the Gestalt Phase 2 of the model (Figure 5 page 84) which asks “*what holds these stories together?*” The aim was not to fragment the stories into discrete categories but to treat them as one unit. In other words to explore what holds all these stories together? (Frank, 1995; Holloway and Wheeler, 2002) (Appendices 13,16). Through concept mapping, relationships between the stories which orbited around the conceptual framework of identity, illumination and emancipation as described in ACT II, started to appear.

“Cadogan Place is the one slight bond that joins two great extremes; it is the connecting link between the aristocratic pavements of Belgrave Square and the barbarism of Chelsea”¹¹
(emancipation).

Framework for analysing collective elements

This collective approach provides transformative possibilities that can be shared and scrutinised by audience and critics alike. They may become a powerful and creative source to illuminate the way ahead, by seeking out new knowledge, and identify ways of improving and transforming professional practice and education.

¹¹ Nicholas Nickleby by Charles Dickens (1839) Chapter 21 p.260. Reprinted in 1999 by Penguin Books

During the analysis it became apparent how school nurses operate in various 'spaces' and Soja's (1996) work on spatial theory offered a way to explore the collective stories. Soja developed his theory whilst working as a postmodernist urban geographer in Los Angeles, drawing on the work of Lefebvre in which three modes of spatial thinking are identified (Baker, 2010) (Table 2). **Firstspace** (perceived or physical space) consists of physical, concrete spatial forms which can be empirically measured and mapped. **Secondspace** (conceived or mental space) is expressed in intellectual cognitive terms and is where power and ideology can be located (Baker, 2010). Finally there is **Thirdspace**, which is the life world of the experiences and draws upon and encompasses the physical and mental spaces. Here creativity flourishes as it extends beyond the other two spaces in scope, substance and meaning (ibid).

Table 2: Concepts of space (Soja, 1996)

Firstspace	Secondspace	Thirdspace
Perceived	Conceived	Lived
Physical space	Mental space	Social space

Whilst it appears these modes of spatial theory are considered to be distinct concepts, Soja (1996) does not portray them as completely separate as there are blurred boundaries between them. Space is viewed not as an empty box waiting to be filled, but a culturally constructed entity, which is part of a cultural web that forms and changes. Thirdspaces are places of transition, thus affected by changing cultures, and although they relate to the binary conceptions of space they actually transcend these. Ultimately Soja argues that it is Thirdspace that holds the

possibility for creativity and therefore socio-political transformation to take place by joining spaces together. Interestingly Dickens also refers to physical spaces in *Nicholas Nickleby* when addressing the issues of childhood poverty. He highlights the affluent differences between various geographical spaces in London i.e. Cadogan Place, Belgrave Square and Chelsea (Dickens, 1839 p.260) and how these areas (spaces) need to come together so that child poverty can be addressed and transformation can occur, which Soja would describe as Thirdspace.

Employing Soja's (1996) theory within this nursing discourse offers a useful, insightful and exciting approach adding a further layer to assist with analysis, interpretation and meaning. Applying this conceptual work beyond urban geography is not unusual, for example educationalists Brooke, Coyle and Walden (2005) utilised Soja's work to help them understand the use of spatial metaphors within primary education. However, applications do not appear within any school nursing literature. According to Soja (1996; 2006) within a socially constructed perspective, ideas and events are being reshaped and meanings constantly shift. Therefore Thirdspace is a flexible concept that helps capture such perspectives. Thirdspace thinking can cut across professional boundaries, it is "*transdisciplinary in scope*", thereby proffering a challenge to other professions to think differently (Soja, 1996 p.3). This could offer a new insight and perspective into the macro and micro realities of contemporary school nursing practice. Furthermore the consideration of space has received recent attention by qualitative researchers, such as Kuntz (2010) and Savin-Baden, Gourlay and Tombs (2010), for example in the field of using new technology in learning environments', as they identify its potential to provide rich, nuanced perspectives. In addition Moles (2008)

describes Thirdspace as a place of enunciation where new identities can be forged, which allows those that are marginalised to have a voice and be heard, heightening the relevance of Soja's (1996) work for this study.

As part of the data analysis process the stories were explored to see what 'holds them altogether' and a number of themes were identified. It became clear that these collective themes clearly related to the types of space identified in Soja's work, thereby identifying the different spaces in which school nurses operate in to provide support.

Table 3: The relationship between Soja's Typology and identified themes

Type of space (Soja's Typology, 1996)	Identified Theme	Revised typology
Firstspace (perceived)	1.The visibility of the school nurse and the need to provide regular and consistent support.	Practicalities
Secondspace (conceived)	2.Structure and agency within context of practice. 3.Personal emotional investment.	Practice
Thirdspace (Lived)	4.The development of mutually trusting relationships. 5.Role containment versus role diffusion. 6.Being able to make a difference. 7.Political transformation.	Praxis

Soja's ideas and the collective themes were then combined and portrayed as a new visual representation (see Figure 6 page 110). It should be noted that these themes are not exclusive to these spaces and other aspects of school nursing could equally

be located within the three spaces also referred to as practicalities, practice and praxis space.

Figure 6: The provision of support within the spatiality of everyday school nursing practice



The solid outer ring signifies the relationship boundary of the interaction taking place between the school nurse and the young person. The interlocking inner circles represent how school nurses move back and forth through a series of spaces as depicted by Soja's (1996). Firstspace and Secondspace are areas of space which have their own independent characteristics and priorities and are spaces in their own right. Where they overlap lays Thirdspace, in which the school nurse

seeks to reach a viable resolution where they can provide support and invest their practical wisdom. It is argued that these spaces are not always separate, as boundaries between the spaces are not always fixed, but can become blurred leading to a merging of space (Denzin, 2001).

We now visit each space in turn characterising them in terms of the school nurses experiences and discuss how the identified collective themes relate to each type of space as depicted in Figure 6.

Firstspace/ Perceived Space (Practicalities)

Firstspace is known as 'perceived' space - physical and material space where direct social interactions take place face to face (Brooke, Coyle and Waldron, 2005). It is the space associated with the practicalities of providing support. Traditionally support is provided to young people mainly within the physical boundary of a school setting, although the narrators also talk about providing support taking place in other settings such as health centres, homes and places where young people gather. Firstspace may also relate to the type of physical support provided. Some young people need factual information, for example advice leaflets, to help them make a lifestyle choice, or perhaps details about specialist information, such as sexual health services/clinics. Therefore this space is concerned with the practicalities of providing support, such as the physical environment and face to face contact which often needs to be regular and consistent.

Theme 1: Being visible and providing regular, consistent support

The need to be more consistently visible was a recurring theme in all eleven narrators' stories. In order to provide support on a practical level school nurses need to be physically visible to the young people in schools, so they know who to contact and how to access them. This fits into Soja's typology that Firstspace is physical space. Offering a service where support could be accessed regularly and consistently is crucial. Although support maybe a one off contact, the increasing complexities of young people's emotional health needs, suggest that support often needs to be provided consistently and regularly over a period of time (CAMHS, 2008; Prymachuk *et al.*, 2011). The need for direct human contact (Gray, 2009) and therefore physical face to face accessibility to the school nurse was seen as essential. The importance of physical face to face accessibility which is consistent in order to provide care is also supported in the literature (Allen, 2004; Allison *et al.*, 2007; Gray, 2009; Owen *et al.*, 2010; BYC, 2011).

Locating their practice in schools means school nurses are where young people would expect to find them on a routine basis. Running regular and routine drop in clinics in schools each week can afford an easy access point to consistent support. This also acts as a source of familiarity and provides a material grounding for practice to operate. Indeed Soja (1996) describes Firstspace as a place of continuity and cohesion, where repetitive routines of everyday life and activity take place. However, as there are conflicting demands on their time, school nurses need to consider how they can maximise their potential in schools. They usually have a number of different schools on their caseload and so are not able to be

based in just one school. Therefore the practicalities of providing support regularly in Firstspace can be challenging.

A national study conducted by Chase *et al.* (2010) indicated that allocating physical space in schools for school nurses to work in was often a problem. They were reliant on schools allowing them access to pupils as well as space in which to work. However, these physical spaces may be removed at short notice; for example booked for a meeting by the school. Restricting physical access to accommodation may result in inequity, feelings of marginalisation, and undermine a sense of identity and status (O'Toole, 2010). This gatekeeping function is described by Joanna.

"Some schools I have not been into this academic term. They don't want and haven't asked for any input so I haven't been. This makes me feel I am not wanted or valued" (Joanna 1:7).

These feelings of powerlessness and marginalisation are also discussed in more detail within Secondspace, highlighting the blurred boundaries depicted in Figure 6 (page 110). Despite this narrators also described examples of positive collaborative working relationships with school staff, working harmoniously together within the school's physical environment.

"The school staff are fantastic...cos they're very good at spotting, on the whole, you know who's got an issue and then point you in the right direction or they...advise young people to come and see you the drop in (clinic)" (Susan 3:15-18).

However, in terms of being physically available in schools, Susan identified another challenge relating to working part time and with a high caseload:-

"I have a Senior school and five feeder primary schools but I only work 22 hours a week and in fact my base is 23 miles away from my caseload so, do the maths!" (Susan 4: 1-4).

Like Susan the majority of school nurses are based in health centres and have a number of schools on their caseload (RCN, 2005). Therefore they can only be available at set times within a school, thereby reducing potential access to young people. Yet adolescents who do not have access to appropriate health care services are at greater risk of physical and mental illness (Kisker and Brown, 1996; Young-Bradford and O'Sullivan, 2007). Milly and Daniella illustrated the challenges of providing access for young people;

"I would ideally like to spend more time with her than I am able to do, cos I'm only there once every 2 weeks at lunchtime. I would like to see her weekly really but I know I haven't got the resources to do that" (Milly 5:17-20).

"There are...families that all you can do is telephone support and you feel that actually I haven't done what I would have liked to do because of the constraints of your workload" (Daniella 10:13-14).

In 2004 the Department of Health published guidance for school nursing services. It recommended that each qualified school nurse should have only one secondary school, plus a cluster of feeder primary schools and they should be supported by a skill mixed team of staff (DH, 2004b). However, as the money was not ring fenced this recommendation did not come to fruition; leaving school nurses feeling frustrated (UNITE, 2009). Current changes within education may offer a potential opportunity to increase accessibility to the service. The move to Academy status provides schools with more flexibility in the way they can spend their budgets, and a small number have recently chosen to purchase additional school nursing hours (DH/DCSF, 2009; Streeting, 2010).

Once support was initiated, it was important to the narrators to provide it consistently, and not let young people down because other workload commitments had a higher priority.

"It is important to be able to consistently work with young people. Problem is we end up having to let them down sometimes as we are called to a child protection conference and so have to go. But young people don't work like that. If you say I am going to see you next Thursday at 1pm that's what they expect" (Joanna 1:36-39).

The configuration of caseloads, often by schools' geographical location or in line with Local Authority cluster arrangements, may also be described as Firstspace. The need to work consistently in a caseload, where at all possible, was also important in providing continuity and a service that was dependable. In addition this is cited by the young people themselves as what they want (British Youth Council, 2011).

"I think it's quite important to stay in the same caseload for a couple of years....there was a lot of changes before I came...because of staffing issues. The school has said to me ...we're sick of the changes we never know who's coming and the pupils don't know and it's important for the pupils to recognise you when you walk round the school. If I go into another meeting on different dates to my appointments for drop-in, lots of people know that I'm the School Nurse because I've been there now for 3 years" (Jackie 6:15-23).

"It's the fact that I was aware of their vulnerability...I was able to know a lot about their background, a huge amount about intimate details to do with them, I think that was really helpful" (Susan 2:20; 2:25- 27).

A sense of ownership is derived from a consistent availability and familiarity was as important for the narrators as it is for young people in accessing school nursing services (Kelly *et al.*, 2005). Laura (10: 9) believed that working consistently in a caseload was very important. She was *"very protective of my caseload, yes very protective"*; she had taken a long time to build the strong relationships with the

schools, young people and their families. Jackie concurred saying she felt it was important to have the same caseload for at least a couple of years (6:15).

Inconsistent support or changing personnel each week runs counter to this. The NHS pledged repeatedly, within children's services in particular, to address this by improving the young person's healthcare journey, listening to their views, respecting confidentiality and reducing the need for repetitive recounting to different professionals (DH, 2005; DH, 2013b; HM Government, 2013). Some school nursing services introduced corporate caseload working in order to try and cope with large unmanageable caseloads (Sutton, 2004). Thereby moving away from a named nurse per school model, with referrals being allocated on the basis of need and school nurse capacity. However, anecdotal evidence suggests this has not been successful. Nonetheless in order for the young person to initiate support at the outset they need to know where to access it and from whom. Being visible was an issue that many narrators highlighted as fundamental to whether young people accessed available support. The visibility of the service has long been a key issue, which is largely due to the relatively small workforce (While and Barriball, 1993; Lightfoot and Bines, 1997; Sherwin and Williams, 2007; BYC, 2011). Several narrators discussed how they try to raise their visibility with the young people, including putting up posters, speaking at assemblies, working more collaboratively with teachers and other staff, such as home liaison personnel, GPs, and social care who could refer young people to them. Laura spoke about how she felt it was important to create opportunities to meet parents and young people, by being in the playground when parents are collecting their children, walking around school, or being known in the community, so she becomes a familiar and visible presence

(4:6-10). Milly described how she walks around the school at lunch time to raise her profile. She used this approach to also make contact with a particular young person she is supporting whose mum regularly misuses alcohol.

"...before I do a drop-in at a Middle School, I always walk around school just so they know I'm there. I spotted her and I said "oh, could you come and have a chat with me," and I just asked how she was and told her that I knew what had happened. She looked very tired and she was talking about her Mom again. She said her Mom's come out of hospital, but she is really worried about her" (Milly 3:26-27; 4:1-5).

Joanna reflected on what it means to her personally to be recognised in schools. She felt it was important to be visible and that physically being in the schools more can aid this.

"It is so important to be in your schools and visible to them so they recognise you and say Hi Jo when they see me in school. That means a lot to me" (Joanna 3:1-2).

Cara recounted that when she was more visible, this led to more contact with the young people.

"We have contact with hundreds of children you know particularly at assemblies..... I mean I don't remember the children and automatically know who they are but they will remember you.... I think that they then feel comfortable coming to drop-ins...they know you" (Cara 2:13-17).

The British Youth Council (BYC, 2011) identified that young people themselves also want school nurses to be more visible. In response to this some school nursing services are reverting back to wearing traditional nurses' uniforms to heighten their visibility and raise their profile (Sherwin, 2015), although this was not directly referred to within the stories.

This theme is noteworthy in that being physically available to young people, providing direct face to face human contact, is a practical problem as the current low numbers within the workforce make this challenging.

Secondspace / Conceived Space

In contrast to Firstspace (perceived) which is concerned with practicalities, Secondspace (conceived) is described by Soja (1996, p.79) as being an imaginary intellectual expanse “*conceived and comprehended essentially through thought*”. This space is deemed within Figure 6 to relate to the ‘practice’ of school nursing in providing support and what ‘ways of thinking’ (thoughts of the mind) influences these ‘ways of doing’ (Royal College of Nursing, 2014). Once again this framework, offers us the prospect of exploring further common elements emerging from the narrators’ stories. Soja (2006) proposes that it is the conceived imaginary space that may best explain the social world (such as school nursing practice) as opposed to the empirical definitions of physical and material space that are associated with Firstspace. The identified themes of agency, structure and emotional investment are situated within Soja’s (1996) description of Secondspace (conceived) deemed to be the practice of nursing. Locating school nursing practice within this space (Figure 6) is useful in order to advocate improvements in social and spatial justice for young people through the consideration of better ideas and good intentions. It is how the school nurses imagine themselves in providing support which is the key feature of Secondspace.

Theme 2: Structure and agency within the context of practice

One of the defining characteristics of nursing practice is that their interventions are concerned with empowering people, and helping them to achieve, maintain or recover independence (Royal College of Nursing, 2014 p.3), however to empower others nurses themselves must feel empowered. Structure and agency are terms often used to describe the levels of power, autonomy and locus of control ascribed or experienced by an individual(s) within a particular situation in practice (Bourdieu, 2000; Holloway and Freshwater, 2007). Such terms may be determined by the individual's interpretation of how much power or agency they perceive, thereby supporting Soja's (1996) thinking that Secondspace is where one conceives, imagines and interprets. They are also terms associated with a sense of having a voice, which in this context relates to their collective identity as school nurses within the wider nursing and health community. A significant number of narrators highlighted in their stories their feelings about not being valued by other professionals leading to a feeling of disempowerment. This appeared to largely be in terms of organisational issues as opposed to how they perform with the young people and families they work with.

Joanna felt that it was because she was a school nurse that her opinions and knowledge were not valued by other NHS staff and professionals.

"I sent in all my notes to the paediatrician but apparently they never got to him, obviously not a priority, I felt my opinion wasn't recognised and valued so when he saw her he wasn't aware about the 'child in need' and possible child protection issues" (Joanna 2:10-3).

Later on in her story she spoke of how she did eventually manage to speak to the paediatrician to discuss her concerns, but she sighed at this point, in a way that

suggested she did not feel she was listened to. Daniella and Caroline described similar feelings about carrying out roles that they did not feel was appropriate, yet felt compelled to do so as there was no one else.

"I've referred her to CAMHS but then there's a long gap in between the initial appointment and then the follow up appointments. So CAMHS did...say are you happy to carry on seeing her...in the meantime. It makes me feel a little cross that our service is being used as a stop gap, when actually our current skills don't go that far" (Caroline 5:11-12; 13-14).

"...so many children that you've referred in the past (to CAMHS) that come back because they said it doesn't meet their criteria and there aren't any other support services there so it's fallen back on to us. We've had to sit there and think well how we gonna deal with (this)" (Daniella 13:24-28).

Daniella, like a number of narrators, believed the criteria for specialist services' accepting young people had changed due to funding issues, as opposed to clinical reasons. Therefore she was left providing support for those needing specialist interventions. Diane's story had a slightly different perspective. She focused on how she tried to support parents with learning difficulties who were struggling to cope with the demands of parenting and everyday family life. She described how she regularly tried to access support for them and the children from social care and voluntary organisations, but was failing because they did not fit a set referral criteria.

"This is not my job. I'm a School Nurse. I shouldn't be doing this but there was nobody else who was going to do itI felt frustrated" (Diane 5:44-46).

Likewise Joanna recalled being expected to attend child protection conferences where there are no identified health needs, seemingly to make the conference quorate, because no one else could attend. She was forced to cancel appointments with young people and parents at short notice:-

"Problem is we end up having to let them down sometimes as we are called to a child protection conference and so have to go" (Joanna 1:40-41).

School nurses across the country have expressed concern about attending child protection conferences to make them quorate, irrespective whether the child has any health needs (Westminster Briefing, 2013). This confirms their feelings that their time is not valued as they are there just to 'make up the numbers', yet they seem to feel unable to change the process. Mandy used the most emotive language describing the service as *"a service with no teeth"*, expressing her sense of powerlessness to challenge this situation.

Joanna indicated that she would like to be more proactive and extend her practice by collaborating with other agencies to raise her profile. However, she appears to face a dilemma:-

"...you are afraid to because that will generate more work and we won't be able to cope....We just can't cope with the number of referrals" (Joanna 1:11-12).

Wilstrand *et al.* (2007) suggest that nurses, experiencing feelings of frustration and burden, can at times feel invaded and taken hostage by their own emotions, as they struggle to cope. They are left feeling disempowered. Bourdieu's (2000) work offers possible insight into how individuals and groups may identify themselves. 'Agents' in the field can become socialised within the context of their position and field of work thereby accommodating and adjusting to a perceived role. Bourdieu (2000) provides one perspective in that it is suggested that people's attitudes and values are predisposed to be rooted in past experiences and perceptions. What Bourdieu terms as 'habitus', is described as competencies gained from upbringing and experiences in the past (*ibid*). In Mandy and Joanna's case this may be

influenced by the history of school nursing which is seen as having a low invisible status within nursing. The recent huge investment in its sister service health visiting, for the 0-5 age group, has seen an increase of 4,500 extra funded health visitors in England (DH, 2011b), which may have compounded this belief system. Historically school nurses feel they have suffered from a lack of investment, and are often overlooked as a profession (Chase *et al.*, 2010).

Moreover Giddens (1979), drawing on Durkheim, examines the notion of constraint. Although dealing with moral phenomena can be constraining, it may also be enabling and positively motivating and may not necessarily lead to passive inaction. Agency is defined by Giddens (1979) as the capacity of individuals to act independently and make free choices. The narrators seem to believe they have a low status with little or no power to transform this status and they felt unable to act. They tried to justify their lack of action, for example “*it will generate more work and we won’t be able to cope*” (Joanna 3:43). Whilst this may be unintended conduct, it is the human need for ontological security that leads to repetitious acts (or lack of action) by the agent (i.e. the person) that reproduces the structure or outcome itself, and so the perception becomes the norms (Giddens, 1979; Whittington, 1992).

Soja (2006 p.820) calls for critical awareness about what is described as the “*smothering effects of a deeply engrained historicism*”. Therefore history would appear to dictate that narrators believe they will be unable to change things. We must ask the question “Are school nurses creating their own self-fulfilling prophecy, in that they perceive they have a lack of agency, and this then becomes

the norm?” Joanna’s story tells us she feels better not to proactively engage in raising the school nurse profile, as it will result in more referrals with which she and the service may be unable to cope with. But it is argued that a more positive stance would be to raise the profile, monitor and prioritise the number of referrals. If these significantly increase this could be used as evidence to negotiate for additional resources.

Giddens (1979 p.83) purports, that those who passively accept dominant situations are actually imprisoned within these perspectives. Yet even those, whom he describes as the lowest of “*social actors*”, are able to penetrate to some degree the oppression that they believe afflicts them. Within the stories there were elements of this taking place. For example, Sophie shared how one of her secondary schools paid for her to provide an extended service within the school providing appropriate accommodation. Bourdieu’s (2000) concept of capital and habitus may offer further explanation, in that as Sophie has more resources (additional hours paid for by the school) her social capital within the school, which Bourdieu describes as being social position and social connections, is higher and therefore gives her more power.

The answer must lie with the school nurses themselves. Being able to self-legitimate leads to power and maximises performativity (Schechner, 2002). The significant role that school nurses play in supporting the emotional health needs of young people has not gone unrecognised by policy makers and researchers (DH/DCSF, 2009; DH, 2012; DH, 2010a; 2010b; CAMHS, 2008; Chase *et al.*, 2010). Individual school nurses need to consider how they view their own imagined self-

identity and self-worth. School nurses are not individual, autonomous islands. Consequently how they portray themselves at a strategic level as a more powerful and influential collective group requires consideration and courage.

Sophie's story identified a unique selling point for school nurses, in that there is no other professional who can offer a confidential health service for children and young people in schools.

"...if she didn't come and see me each week, you know, who else would she go to? Who else is there that can provide that emotional support?" (Sophie 4:6-8).

Although this comment is posed from a passive stance, it could become a much more proactive statement to engage in marketing school nursing services.

The need for school nurses to have a sense of structure and agency (power) in order to empower themselves is key to their individual practice. However, how school nurses as a community of practice imagine their self-belief, is fundamental to the progression of the profession in terms of influencing commissioning services in the future.

Theme 3: Personal emotional investment

This theme was essentially concerned with the emotional work and practice of school nursing (see Table 3 and Figure 6). Caring is at the heart of nursing practice (DH/NHS Commissioning Board, 2012). Hudacek's (2008) conceptualisation of caring in nursing identified seven dimensions of caring including compassion, crisis intervention and providing comfort. Caring is seen to be a fundamental element of a nurse's role (Henderson, 2001) and is reaffirmed within the nursing

visioning strategy 'Compassion in Practice' (DH/NHS Commissioning Board, 2012). However, taking time to engage with people because it matters does encompass a degree of emotional investment (Henderson, 2001). Part of this involves analysing how nurses come to terms with difficult processes and situations that are an unavoidable aspect of their care (Gray, 2009).

Personal emotional investment was a common theme to emerge from the stories and is situated in the context of Soja's (1996) definition of Secondspace. Some of the narrators spoke about how they 'worry' about the vulnerable young people they support emotionally, and that they often take these 'worries' home with them. Young people can become more vulnerable and experience emotional distress at certain times, such as biological (adolescence), psychological (family or relationship breakdown) or social transitions (changing schools) with some being more susceptible than others (Appleton, 2007; DH, 2011a). In addition many family situations and relationships that young people experience every day are highly complex with some issues crossing generations (ibid). It would appear from the stories, that it is difficult at times for school nurses to be able to detach their own emotions from some of these more complex situations. Some of these stories have been retold using poetic representations presented earlier in Scene 3 of this ACT and bear powerful witness to this difficulty.

Jackie and Daniella for example, share how they worry about the current difficulties that young people face daily.

"..sometimes she's that distressed that I get upset. She doesn't see I get upset but I do get upset. I feel like there's nothing anybody can do to help her" (Jackie 4: 5-7).

"You go home and you hope they're alright and you worry about them and it can be quite difficult" (Daniella 13:18-19).

Jackie also highlighted how she worried about the future for a young person once she moved out of the statutory education system.

"I do worry....when she leaves school next year, I'm really going to worry about her then because there's not a 6th form at my High School. I won't see her there and she'll go to a College so they won't have a School Nurse so I won't be able to pass her on to anybody... I think it will be a really hard change for her..... I worry about that" (Jackie 3:22-26).

Current policy driving the delivery of services for children and young people, "The Healthy Child Programme" (DH/DCSF, 2009), outlines that services now need to be provided for up to 19 year olds. However, traditionally school nursing services have not offered services to sixth form or Further Education colleges despite this being a significant period of transition (ibid). It is currently not clear how health services for the 16-19 year old age group will be commissioned or resourced, and by whom identifying a potential short fall in service provision for this group.

Empathetic caring and feeling within nursing involves emotional and mental as well physical effort, in looking after and supporting others and so are intrinsically linked (Henderson, 2001; Hudacek, 2004; DH/NHS Commissioning Board, 2012). For nurses the challenge is to try and implement strategies to improve the health state of the person. Thus emotional investment can sometimes involve personal vulnerability for the nurse (Henderson, 2001). This raises the question, "Can worrying about young people move from being an aspect of care and compassion to being a symptom of stress in the caregiver?" Indeed Susan's story reveals how the level of emotional engagement and investment she has given during the day can affect her own family life *"...once or twice I found myself snapping at my own*

children...they don't understand, its tiring.....draining" (Susan 10:25;11:1-2), highlighting that the empathetic caring element of a nurse's role can be hard work (Bolton, 2000). Likewise Diane also described how a family were *"pretty much always on my mind and often on my mind even when I wasn't at work"* (6:16-17).

At times the emotional investment and labour of nursing can be a sorrowful experience (James, 1993). A variety of terms were used by the narrators to describe this emotional labour such as: - *"...you just keep going..."* (Daniella 11:18), *"...it was a real emotional cost ...to work with such a vulnerable family..."* (Diane 6:2-3). At these points they often became pensive, melancholic and reflective. Joanna defines her experience as being one of sadness (1:24). Others such as Sophie and Diane wished they could have done more. Likewise Anglin's (2002) work with youth workers suggests that those working directly with young people can develop a profound sense of anxiety when dealing with the strain of addressing their long term problems. Therefore the emotional and caring aspects of the nurse's role should be of equal value to the physical and technical aspects although this is often not the case in reality (Bolton, 2000). Bolton (2000) also suggests that it was the emotional involvement with their patients/clients that caused nurses most anxiety, yet paradoxically it was also this that gave them the greatest job satisfaction. Many of the school nurses indicated this and highlighted that it was the variety and diversity of the role which is fundamental to job satisfaction:-

"The variety, I suppose the fact that every day is different" (Milly 1:5).

"I still get a lot out of School Nursing cos it is so varied and diverse and I feel I am always still learning things" (Daniella 1:13-14).

Some returned to this concept later when they came to the end of their story reaffirming that they had job satisfaction. This may have been to possibly reassure themselves as to why they remain in the role, despite the challenges and degree of impotence they had just expressed.

The ability to have such relationships with young people appeared to be because the narrators as qualified nurses, were in a position to offer confidential help and support. Gray (2009) suggests that the traditional image of a nurse is also that of being a natural caregiver. Hudacek (2008) concurs that caring is at the heart of nursing practice and traditionally a role that is also attached with being a caregiver is that of being a mother. Several narrators spoke about their own experiences as mothers and how this impacts on how they support young people. Mandy spoke of how she made comparisons with her own son, who was the same age as the 16 year old boy who was homeless, and that she found it difficult to understand how his parents allowed it to happen. Jackie highlighted that she had felt the need to adopt a mothering stance to give what could be described as tough love:-

“ I suggested loads of strategies, um, she isn’t able to put any of them into action because she is too scared of the consequences and so sometimes I’ve been not hard with her but I’ve said, you know, look here, and then I feel mean for doing it... but it is a bit like what you do with your children but she still wants to come and see me and I think sometimes just her crying in front of me helps “ (Jackie 4:3-5).

Cara believes that some young people come and see her just for advice that others would normally ask their mother or father. Yet as they don’t have a close relationship with their parents, they come and ask her as an adult they feel they can trust.

“I do a drop-in at each of my High Schools once a week, they’re coming with questions and it is like, I am in a Mother’s role. It’s general advice that you

would get from your Mother and a lot of the time these young people don't have that and they haven't got that rapport or opportunity or they don't have the relationship where they can feel they can sit down and have these conversations (with their parents)" (Cara 4: 5-10).

Caroline was supporting a young person who was self-harming, abusing alcohol and having multiple sexual partners, often in the same evening, as means of coping with difficulties at home. She spoke of how she supported this teenage girl by meeting with her weekly and negotiating boundaries with her, helping her to identify and then minimise risk in order to try and keep her reasonably safe. This would be seen by many to be a role that should really have been undertaken by a parent or carer. Thurtle (2007) defines attachment as being concerned with the relationship between two people and the need for children and young people to have secure attachment to a trusted adult. It would seem that for many young people this appears to be the school nurse. Caregiving and mothering per se conjures up stereotypical views usually associated with the female gender.

Irrespective of whether the narrators mentioned the term 'mother or mothering', the depth in which they engaged on an emotional level with the young people in their stories is revealing. Yet Henderson (2001) describes this emotional investment as an under-appreciated aspect of nursing, which does concur with the experiences of the school nurses in this study. Importantly emotional labour is seen to inform the interpersonal relationships between the nurse and client (Smith, 1992), and Gray (2009) advocates that this actually sustains the quality of the care given. However, as all of the narrators were female (there are very few male school nurses nationally), it was not possible to explore whether male school nurses share similar experiences in relation to emotional investment and

attachment. Therefore one might ask if 'fathering' is as a greater need as 'mothering' in the context. However, Henderson (2001) found that the majority of nurses, although seeing emotional engagement as being fundamental to excellent nursing practice, were also able to recognise the time for emotional detachment and letting go. These findings seem to also resonate with narrators' stories as they identified that it was important not to allow too higher level of dependence. For example Sophie (4:31) described how some young people had to be "*weaned off the support*". This is part of the process in helping them to develop confidence in using the coping strategies given to them by the school nurse as a means of becoming more emotionally independent.

How to cope with the emotional demands of the role was also acknowledged as being important. Several spoke of how they sought out collegial support to help them cope, some of which was informal as well as that which is formally offered by the organisation. 'Bouncing ideas off each other', debriefing with colleagues informally, access to regular formal clinical supervision, liaising with expert nurses such as safeguarding specialist nurses and seeking help and advice from other specialist services such as CAMHS, were identified as coping strategies. For nurses dealing with emotionally complex cases, releasing their burden to avoid adversely affecting their relationships with clients and patients is important (Wilstrand *et al.*, 2007).

It is clear from this theme that being a school nurse does involve a degree of emotional investment at a personal level as does any discipline of nursing. However, as school nurses are autonomous caseload holders they are ultimately

responsible for the young people in their care. Therefore they are often left to deal with complex situations working with some very vulnerable individuals and this can be challenging for them.

Thirdspace / Lived Space

In comparison to Firstspace, which is concerned with the practicalities of the physical environment, and Secondspace which for these nurses is concerned with the exigencies of practice (organisational structures), Thirdspace is where creative transformative action is brought to bear (praxis) drawing together other space (Soja 1996) (see Table 3).

“Praxis: informed, committed action. It is not simply action based on reflection. It is action which embodies certain qualities. These include a commitment to human wellbeing and the search for truth, and respect for others. It is the action of people who are free, who are able to act for themselves. Moreover, praxis is always risky. It requires that a person makes a wise and prudent practical judgement about how to act in this situation” (Carr and Kemmis, 1986 p. 190).

Thirdspace is entered at any time that one acts within an existing space, thus creating a new and different way of operating within spatial practice (Brooke, Coyle and Walden, 2005). However, care must be taken in Thirdspace not to negate the dimensions of Firstspace and Secondspace, but to combine them into a new inspirational hybrid space where potential transformation and change can occur (Baker, 2010).

Theme 4: Developing mutually trusting relationships

This theme resonates with a “*commitment to human wellbeing*” (Carr and Kemmis, 1986 p.190) and is rooted in trust. The importance of building effective trusting

relationships between the nurse and young person and vice a versa is vital in order that the nurse is enabled and empowered about *"how to act in this situation"* (Carr and Kemmis, 1986 p.190). The need for a trusting relationship to be developed so that effective support can occur is well documented (YoungMinds, 2009; DH/DCSF, 2009; BYC, 2011). The fact that school nurses are registered nurses who can protect confidentiality (unless there is a potential safeguarding issue) is valued by young people and helps to build and develop relationships based on respect and trust (Madge and Franklin, 2003; BYC, 2011). Several narrators highlighted and explored how important they felt having a trusting relationship with a young person was.

Sophie suggested that she has a good relationship with the young person she was supporting, because of her remit as a nurse as opposed to a teacher, who has an authoritative role within school.

"I think it's about trust because there are people within the school that she could talk to but they are teachers... I think she sort of felt comfortable with the fact that she can talk to me as it's confidential" (Sophie 4:11-14).

Laura also talked about the importance of building trusting relationships but she knew this can take time and often happens over several weeks or months. She recalled how it took a young teenage girl 12 months to tell her she had an eating disorder (Laura 14:21). As we have already seen cancelling appointments just to make up the numbers at safeguarding and child protection meetings undermines this carefully nurtured trusting relationship. Use of the phrase *"...we **have** to go.."* (Joanna 1:36) is perceived by Joanna as letting them down. It reinforces concerns that the expectations placed on school nurses, in respect to safeguarding issues, are not always appropriate (Chase *et al.*, 2010). Joanna vents her frustrations as

this is not helpful to the relationship, “...*young people don’t work like that...*” (Joanna 1:39). She clearly feels providing inconsistent support potentially damages a relationship that both she and the young person have invested in and taken time to build. A number of the stories highlighted that school nurses often worked with young people over long periods of time. Daniella’s story related a current example of support she has been providing, “...*it’s nearly 6 months now and she’s in her last year of school now...*” (Daniella 5:16). Cara spoke of how she has also supported a 14 year old girl over a number of months, from the early stages of pregnancy helping her to stay at school until she left to have the baby. Jackie described how she had supported a young person over a two year period, including the transition period when the young person changed schools. Thereby demonstrating that although many of these relationships are long term the level and intensity may vary at times.

“I’ve been seeing somebody, not necessarily always intensely working with them but seeing them regularly ... coming up 2 years now...” (Jackie 1:15-16).

The need to build trusting relationships exists within more than one space. It can be situated within Firstspace (physical), as to build such a relationship requires a physically appropriate place which is quiet and confidential. Likewise it can also be located within Secondspace (mental), as it is how the nurse and young person imagine and interpret their relationship in order for it to flourish and develop. Soja (1996) tells us that, although at times these two binary spaces can be disparate, they can also embody and nourish each other. Again this shows how Firstspace and Secondspace come together combining into Thirdspace (see Figure 6 page 110). Transformation is the defining feature of Thirdspace therefore it is within this trusting relationship that change, revolution or reformation can take

place (Baker, 2010). Building effective therapeutic relationships by nurses with patients/clients is a dominant discourse of nursing and viewed as being a vital aspect of the role (Gray, 2009; Hudacek, 2004; 2008). Holmstrom, Asplund and Kristiansen (2013) describe the relationships that school nurses build with young people as being fundamentally important. Their research highlighted that having a trusting and respectful relationship is a key aspect in the provision of support, and to the success in delivering key health promotion messages. The feeling of being able to trust the school nurse is supported by other studies and surveys (Madge and Franklin, 2003; Wicke *et al.*, 2007; Gray, 2009; BYC, 2011). Without both the nurse and young person having a deep level of trust, any attempt to provide therapeutic interventions such as building self-esteem, listening therapy, or developing coping strategies to deal with anxiety or anger management is unviable and therefore any transformation may be compromised.

The need for a mutually trusting relationship to be developed between the nurse and young person in order for support to be offered and accepted is crucial. Being located in Thirdspace (praxis) (Table 3) means that once this relationship has been established, this can then bring about transformation and promotes creativity to allow for the young person to move forward.

Theme 5: Role containment versus role diffusion

The majority of the narrators spoke of a tension in what they felt they could potentially provide as a school nursing service (i.e. utopia), and what they were actually able to provide. It would appear that they blamed this pressure on a lack of sufficiently qualified staff and reduced financial investment (the exigency of

organisational structures). Narrators felt frustrated that they were 'contained' by these restrictions on their role and at times they felt this compromised the level of care and support they were able to offer. Yet conversely at policy level, there is a drive to diffuse the school nurse role yet further into more areas of practice for example, supporting 16-19 year olds (DH/DCSF, 2009). Tellingly this appears not to be accompanied by any additional investment (Godson, 2013a; 2013b). Although the nurses expressed their reluctance to act overtly within such restrictions, nonetheless their stories revealed a submissive reaction to help them reconcile their obligation to the young people.

"...we were told that really we should input for 6 weeks and then signpost on to another service but in respect of this girl, although I'm not solving the problems, I just feel I am being a support to her and if she didn't come and see me each week... who else would she go to? Who else is there that can provide that emotional support?" (Sophie 4:6-8).

This highlights that in Thirdspace which has been revised to include the concept of praxis (see Table 3) the school nurses are having to make "*wise and prudent practical judgements*" (Carr and Kemmis, 1986 p.190)

Mandy and Diane spoke of how they spent many hours trying to access additional support, by contacting other agencies such as social care, and acting as advocates for the young person or family. Both examples were outside the remit of a traditional school nurses' role, but they felt morally they had to intervene (fringe of praxis). They expressed trying to achieve justice for vulnerable people, who needed support from statutory agencies employed to protect those that are disadvantaged and impoverished.

"...I spent hours and hours and hours phoning different people (2:22) ... it's a

social problem but it's having a knock-on effect on the children's health 'um so I do have to kind of stay involved ... there was no Social Worker, so it was down to us (school nurses) to support them " (Diane 3:44-46).

These stories demonstrate clearly the nurses' subversive actions on behalf of the young people by working outside of set boundaries. This is often described in lay terms "*as going the extra mile*". This could also be depicted as the art or craft of nursing, which is more than just following a set of rules and instructions, but one that involves care, intuition and emotion (Edwards, 1998b). It could be suggested that support is tacit knowledge, which Polanyi (1998) describes as being different from articulated knowledge, in that it is what one knows, but cannot say. Hochschild (1983) advocates that nurses, whilst subscribing to the 'rules' of the organisation and maintaining professional norms, are able to move beyond these prescribed 'rules', and can choose to add something extra to the relationship with their patient or client. This can be described as a 'gift' given freely, and sometimes unconsciously without the nurse counting the personal cost to themselves. This concept is also reflected in the theme '*personal emotional investment*' explored with Secondspace, again highlighting that spatial areas of practice can merge. Bolton (2000) recognises that as health services increasingly operate within a business model, altruism is becoming more challenging to maintain; yet identified that nurses are able to be autonomous and find time to offer extra emotional support when it is needed expecting little or no return from their patient/client. This would also support the findings explored within the stories of this current study, that despite the organisational demands, for some young people the nurses tried to provide a level of support needed.

Other aspects of the collective story reflected how some narrators felt that

completing paperwork and carrying out audits to hit targets, as required by the organisation, took them away from the frontline. Milly describes this powerfully:-

"...I can be frustrated by the amount of times I've spent on audits and admin work and paperwork ...when you've got young people at a school who are crying out for help...but we haven't got the resources...so it is frustrating" (Milly 8:1-2, 3-4).

This extract from Caroline' story resonates with Milly's:-

"We can bash out the numbers and say now many people we've seen in a drop-in and what we've seen them for and how many children we have on a Child Protection Plan and how many drop-ins we've done during a term. However that just gives a very superficial overview of what we do. It doesn't show the depth of what we do at times" (Caroline 4: 7-11).

Nurses' notes must be contemporaneous and based on factual objective events providing a summary of what has taken place, along with other information such as any referrals that have been made. Although nurses have to use their professional judgement about what to record (NMC, 2009), generally records do not contain a detailed in-depth description of a whole conversation that may have taken place for possibly an hour or more. This suggests that the depth and richness of the support given is not always recorded, and so cannot be acknowledged or valued. This is reflected in Sophie's story as she felt her notes did not always reflect the depth of the conversation and level of emotional support she had provided.

The question is how can this covert action be transformed into the overt action of Thirdspace? The collective story is one of tension that exists in practice and I have coined the term '*role containment versus role diffusion*' to encapsulate this. Role containment is exemplified by organisational structures such as a six week intervention period. These set and impoverished solutions by the organisation

can be described as Secondspace planning. However, remaining trapped and impotent solely in this space, can rob professionals of the opportunity to imagine transformative connections between the ideals of the professional, and the informed realities of their everyday practice (Brooke, Coyle and Walden, 2005). Neither does it allow for creativity in the acquisition of new skills and knowledge. I suggest here that this approach can be described as constraining and containing hence the term '*role containment*'. As we have seen there is an expanding need for the school nurse to support the emotional health of young people (Wilson *et al.*, 2008). This appears to be leading some nurses to provide additional support over and above what is required. I describe this as '*role diffusion*'. In other words 'spreading in all directions' (Oxford English Dictionary, 2000). Davies (1995) suggests that as nursing is holistic; it is not possible to have rigid job demarcations. As a result, to outsiders, nurses' work can appear muddled and undefined. Yet is this not the messy arenas of practice, as identified by Schon (1991 p.42), in which professionals must enter and engage with "*the swampy lowlands*" of professional practice? Practice is not linear and tidy but is spontaneous and creative. Hence '*role diffusion*' may be a positive characteristic of practice, but one that may not always be congruent with the objectives of the organisation. Therefore practitioners such as school nurses, need to develop a high level of self-reflexivity in order to steer a careful course between these two discourses, to avoid potential collisions in order to achieve congruence (Johns, 2002).

The stories show that school nurses are finding that their role is expanding. Yet there is a blurring of boundaries as represented by the dashed lines in Figure 6.

In addition under new arrangements for restructuring the NHS (DH, 2010a; 2010b), school nursing services are being commissioned by other agencies outside of the NHS such as Local Authorities. Although this is not a new phenomenon (Appendix 1) it does mean school nurses may be commissioned and managed by those from a non-health background. Therefore being able to measure the impact of service delivery is ever more important, in order to provide evaluative evidence of clinical effectiveness and efficiency to ensure on-going commissioning (Stock *et al.*, 2002; CAMHS Review, 2008; DH, 2010b; Godson, 2013a). Susan poses the rhetorical question “*how do we measure success?*” (Susan 7:5). Considering the current landscape of the provision of services within the NHS (DH/DCSF, 2009; DH, 2010b) this is an important question. Yet Caroline points out that there may be a difference of opinion between clinicians and managers / budget holders about what success actually is and gauging success may be a long term activity:-

“I suppose it’s what we judge as successes and for her (young person) that might be very small things but in terms of providing evidence of effectiveness to organisations and managers, they may be looking for other sorts of measures...one of the things in School Nursing is that you don’t always see that short term impact ...cos often issues are so complicated and they’re very vulnerable families...” (Caroline 4:4-9).

This theme has identified a new term of ‘*role containment vs role diffusion*’ that can be used to help explain the challenges of contemporary school nursing praxis. Thirdspace is a hybrid space and one in which Soja (1996) identifies that creativity can occur. It does appear that this is the case as school nurses are having to work within different ‘spaces’, combining the demands of various aspects of groups, in order to provide a service that offers effective support.

Theme 6: Making a difference (*individual level*)

As previously highlighted Thirdspace is where creativity and transformation takes place (Soja, 1996). Within the concept of '*role diffusion*' discussed in the previous theme there are examples of creativity and transformation occurring demonstrating the beginning of a move into Thirdspace. Narrators told of how they feel they '*make a difference*' at an individual level by providing the support young people require thus helping them to transform situations. This theme can be linked to praxis (see Table 3 and Figure 6). Being able to make a difference requires the "*action of people who are free and able to act for themselves*" (Carr and Kemmis, 1986 p.190). Johns (1998) suggests that people can only enlighten and transform themselves, yet nurses can support, challenge, inspire and motivate others within this transformation process thus making a difference to people's lives. Making a difference can be intangible, yet helping to make life better for someone and witnessing positive change is very rewarding, and it is why they do what they do (Hudacek, 2004).

Laura's story focused on how she made a difference in supporting a young man to lose weight. She recognised that she had to work differently with him as it wasn't appropriate to see him at school, and so supported him outside of the school setting. Laura then described how she had liaised with school to see how he was:

" I checked with school and school were saying, he's just so different, you know, he's walking along and he's laughing and he's not upset over anything...It was about making a difference, you know, which is what I like about school nursing it is about making a difference and it is thinking outside the box" (Laura 4: 20-22; 5:12-14).

Caroline and Susan also indicated this was important to them:-

"...what keeps me here?...It's just nice sometimes to feel that you've made a

difference to somebody” (Caroline 1:4-5).

‘I like to drive off the school site, thinking, ‘Mm I’ve made a difference’ “ (Susan 10:4).

Sometimes feeling they have made a difference was not always a measurable activity, but a subjective emotion that may have been signified by non-verbal signs, symbols and cues provided by the young person. But within these signs and symbols lies an indication that transformation has occurred or at least has begun for the young person.

“I think... it’s lovely that she’s felt she can talk to me and off-load and cry even to me and that now she can explain how she’s feeling” (Milly 5:6-7).

“She wouldn’t (the girl) speak to me at first she kept looking down. But now when she sees me in school she gives me a high five. For me that was a huge step forward it took a long time to develop that relationship” (Joanna 1:32-35).

Mandy began and ended her story using positive phrases, *“It’s a really interesting job... I like the variety”*. She remains committed to the role and is prepared to work underpaid for some of that time, *“I work up to ten hours a week extra unpaid”*. However, what is not clear is whether this is an indication of existential anxiety, engendered by not being able to fulfil the role and meet the required expectations of the organisation, or whether she is committed to the job and is prepared to go the extra distance (Anderson-Nathe, 2008). Either way it could be argued that both offer a powerful incentive to meet the needs of young people.

This theme highlights how individual school nurses can make a difference and that they view this as being a crucial element of the job. This may involve having to work differently and in creative ways (Thirdspace) thereby giving them some degree of freedom in how and where they provide support.

Theme 7: Political transformation *(strategic level)*

For nurses working as public health practitioners there is always a political dimension to their role, albeit it at times it may be pushed to their subconscious (DeBell, 2007). Engaging in political interplay is a key principle of the education programme to become qualified school nurses, as the standards of the programme require them to operate at a more strategic level to influence public health (NMC, 2004). Yet working at this level involves some degree of risk although Carr and Kemmis (1986 p.190) remind us that “*praxis is always risky*”. However, there is a need for SCPHN school nurses to be politically active and to contribute to policy development shaping services to help meet their population’s needs (Coverdale, 2007). Thirdspace offers a transformational opportunity for school nurses to engage more agentically at a practical level, and as a corollary courageously, in terms of new ways of working in developing and influencing policy.

Susan provided two opposing examples of how she had attempted to influence local policy. On a positive note in a previous role she was involved in running a multi-agency one stop service for young people in school which included sexual health services. When she moved to a different Trust, she was able to persuade management that this was such an effective model, that they adopted it in the new area she was working in. Such an example indicates transformation can take place strategically. Conversely, she also provided an example of how she had suggested to her manager that school nurses should be more aligned with GP practices. However, due to a lack of resources and practical issues management would not support this initiative and Susan appeared to just accept this ruling

rather than challenge it.

"....it feels like a step back that we're not moving on and doing...progress... So that saddens me" (Susan 8: 7-8).

School nurses need to decide whether to embrace their role and act as leaders, proactively accepting the challenges that lie before them, or to passively accept their current position. In other words structure should not be seen as a barrier to action, but a concept that should be embraced and involved in its production (Giddens, 1979). Similarly any dissonance should be viewed as possibilities for awakening and thus creativity (Johns, 2002).

Diane's story adds a further note in that it is society which is culpable (blameworthy) in failing to do enough to support vulnerable children and families with additional needs.

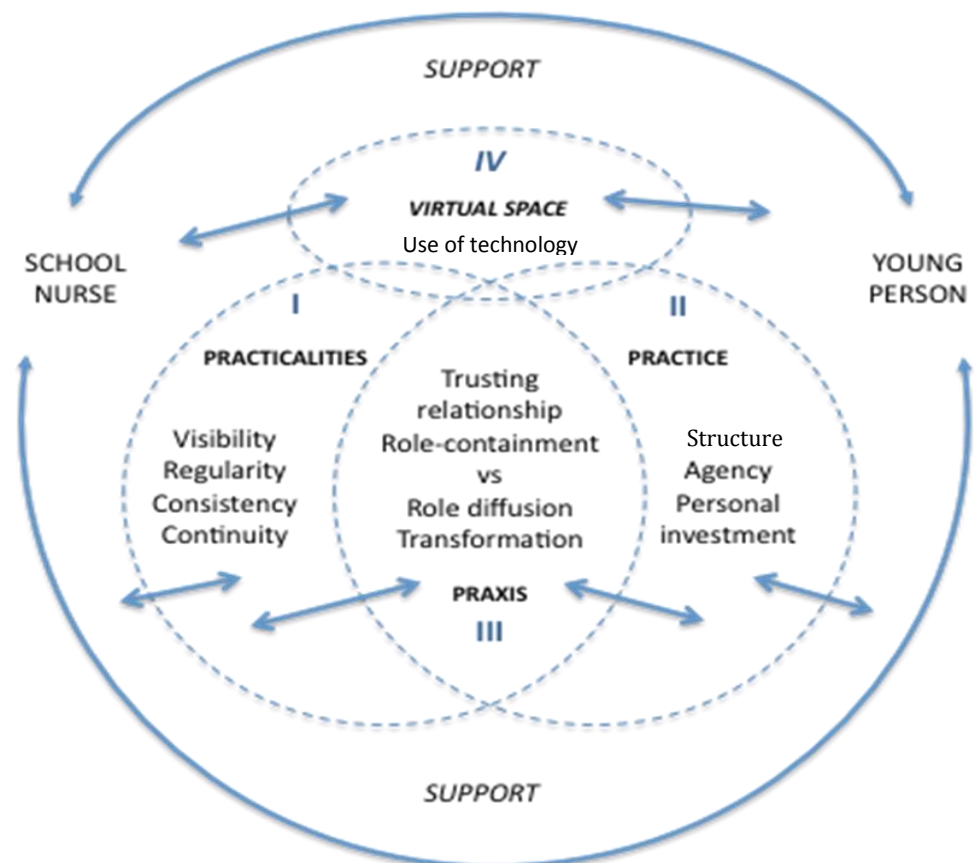
"...I think parents with learning difficulties are not high enough on the agenda in terms of when we look at vulnerability of children. We know about drugs, alcohol and domestic abuse. Even parents with mental health problems now have a higher profile but I don't think parents with learning difficulties have a high enough profile and that's at great cost to the children...I think we need to try and change that as a society because they are a group they...need on-going support and I don't think we are providing it really" (Diane 7: 1-8).

Working at a strategic level can be 'risky' as it can involve speaking out and acting as an advocate for those who are vulnerable. Within this theme school nurses allude to the extent of their freedom (mitigating risk) or perceived lack of it which also clearly links to theme 5. Yet as qualified school nurses they have a responsibility to work at a more strategic level providing clear leadership to lower band grades within the team to bring about political transformation (NMC, 2004). It may be that they require more support themselves after qualifying to assist them to transform into specialist practitioners.

Fourthspace / Virtual Space

Soja's (1996) work outlines that are three aspects to interpret space and embrace spatiality. However, for those engaging with his theory, he also compels that his work is used to think differently, and if appropriate to *"invent a different term to capture what I am trying to convey"* (Soja, 1996 p.2). It not being suggested here that there should be different terms to explain his work, as his theory does provide a utilitarian approach to provide a deeper insight into the provision of support within school nursing practice. In extending Soja's (1996) typology I propose an additional as yet uncharted space in which school nurses operate. Such a space could be termed as Fourthspace or virtual space, in which they work to provide support to young people (Figure 7).

Figure 7: The inclusion of Fourthspace to provide support within the spatiality of everyday school nursing practice.



This fourthspace contrasts in particular with physical space (Firstspace) but is also complementary in that support can be flexible and offered in different ways.

Theme 8: Use of technology

It is proposed that Fourthspace is where school nurses can use technology and digital media to provide support in a virtual world. It is represented by a dotted line indicating, as with other spaces, that sometimes the boundary of this space can become blurred and merge with other each other. Modern day society operates within and is becoming increasingly immersed in a digitalised and virtual world (Sobande, 2013). Consumer access to information has changed (Savin-Baden *et al.*, 2013), and for today's young people, the use of the internet, social media and digital technology are commonplace. This is generally in a positive manner but online bullying, blackmail and grooming are becoming increasingly more common (DH, 2012). For example there have been a number of cases cited in the media in which young people have committed suicide because, it has been alleged, that they been bullied or blackmailed online (BBC News, 2013a; 2013b; BBC Newsbeat, 2013). Operating online appears to instil a sense of anonymity and so young people may engage in activities that they would not normally; thereby they position themselves in potentially risky situations. Yet for many it is where and how they conduct their social and emotional lives (Turkle, 2005; BYC, 2011; The Children's Society, 2013). Therefore school nurses and other health professionals have a responsibility to find ways of communicating effectively with young people and need to be able to understand and utilise technology to do so (Sobande, 2013). Although the power of the judicious lies

within engaging with technology and the need to also safeguard children and young people.

Consequently providing support may not always have to be face to face, but can be given through a virtual medium using technology such as text messaging, Facebook or other social media. A number of narrators spoke of how they use SMART mobile phone technology as a means of communicating with young people.

“I saw her every week but actually she had my mobile number as well” (Daniella 3:5). “She has got my work mobile phone number so she knows she can text me if she’s struggling” (Caroline 2:5).

Currently the level of support provided using mobile phones was at a low level, mainly checking if the young person was okay providing reassurance to them or used to arrange a face to face appointment to provide more in-depth support. Clarke’s (2013) experience of setting up a text messaging service concurs and reports that where text messaging is used, it helps school nurses respond more quickly to enquiries. The social environment fostered by virtual space is often typified by dialogue that is more open and frank (Barak and Gluck-Ofri, 2007), thus allowing for identification of which young people most need face to face support.

The British Youth Council (2011) recommends that all school nursing services should consider how they use technology, as their survey found that young people prefer to use text or email to contact the school nurse. Sobande (2013) and Clarke (2013) both encourage the further development of the use of technology and

social media such as Twitter and blogging, providing Trust policies are in place and guidance is adhered to. Engagement with young people in this way would allow for school nurses to expand their identity, giving them what Savin-Baden (2010) describes as an expanded voice within a range of spaces.

Susan suggests that technology could be used to gather young people's views about school nursing services, as she feels this would be a more objective and confidential way of collecting feedback.

"...it's easier in a way if you're in front of a screen to say what you genuinely think cos I think sometimes that the young people would may be say what they think we want to them to say when we really want them to be honest" (Susan 5: 34-36).

This is supported by young people themselves as 91% said they were unable to or didn't know how to give feedback on school nursing services (BYC, 2011). Yet the use of technology is viewed cautiously by some as there are potential ethical issues, yet young people ask health professionals to engage with them in this way as they live their lives within a digital world (Starkey, 2011; Henshaw, 2012).

Sobande (2013) purports that using social media can provide a vehicle for establishing an online school nursing community. This would reduce feelings of alienation, enhance communication and support amongst the profession by assisting them to have a voice (emancipation). Communication via social media such as Twitter, can remove historical hierarchal boundaries, as nurses working on the frontline now have access to those nurse leaders working at a national strategic level. This can result in nurses feeling reinvigorated, having an increased sense of pride, and a feeling of empowerment by communicating online with each

other by sharing stories and having credible debate (Sobande 2013). This illustrates how Fourthspace can relate and interact effectively with other space. For example in Secondspace where a lack of power and agency within school nurses has been discussed, the use of Fourthspace (virtual space) could be a means of bringing the school nurse community together nationally, thus increasing this sense of agency, and provide an opportunity for the community to unite together as a group. A number of narrators spoke about the constraints of the organisation affecting their ability to provide the level of support they need to. Yet highlighting this is of little value if the school nursing profession does not strive to protect or name its own practice and thus establish their professional identity. Communicating more with each other using social media would be a means of helping to facilitate this. Therefore Fourthspace needs to also interact with Thirdspace which is where transformations take place (Figure 7 page 144).

Soja (1996) urges us to think differently about space. This theme suggests that a new space Fourthspace exists to enable school nurses to provide support virtually to young people. In addition it also highlights that within this new virtual space it is school nurses themselves who can come together to seek support collegially to enable them to work practically, in practice and within praxis (see Table 3; Figures 6 and 7).

Reflexivity: Voice of chorus

At the start I asked each narrator to tell me what they enjoyed about being a school nurse. Consciously I believed this was a nice 'warm up' question in order to provide a comfortable environment for the narrators to be able to tell their stories. I was

struck by how many narrators, despite not being prompted prior to the interview; began their story by saying "I want to tell you about..." Thus suggesting this was an aspect of practice they felt they needed to "off load". Almost all of the narrators at some point in their story spoke about the challenges they face within the role. As the collection of the stories progressed, I found myself sharing some of the same feelings as the school nurse narrators themselves about potentially 'letting people down'. The importance of wanting 'to do a good job' was significant, but I was also acutely aware that this must not become a personal crusade for school nursing. At times I felt myself travelling down this road and I had to consciously shift my focus and thinking. Referring back to the aims and research questions was fundamental to remind me that the central focus was to provide an opportunity for school nurses to tell their stories, embracing the unpredictability of what this may entail and subsequently emerge. Revisiting these aims challenged me further and provided some lucidity of thought. Madden (2002, p.188) offers some further clarity by stating that after gathering stories within research that "it is imperative that the released voices are not just shouting into the wilderness - there must be listening and meaningful dialogue".

Interestingly it was at the end of the story gathering event when the tape had been switched off which provided further contemplations. Some of the narrators disclosed how they had found telling their stories to be a cathartic and positive experience. Initially I was not clear entirely why this was the case, as almost all have access to clinical supervision, yet they somehow perceived this experience to be different. This

may have been connected to my decision to be an active listener, as opposed to an interviewer. It could be suggested that being asked to articulate their stories not only created physical and mental space but also a listening space.

I recognise that it is not always easy to critically reflect on events that subtly occur in everyday practice, but it is important to examine their meaning (Kuntz, 2010). By giving the school nurses opportunities to reflect and develop a richer insight into their work appears to have been cathartic and so some kind of transformation into lived or Thirdspace has taken place.

SCENE 5: Epilogue

Mrs Nickleby: "Marvellous., at last the clouds have parted and I can see the way ahead illuminated by the sunbeam provided".¹²
(illumination)

Poetic representations are a powerful means of presenting individual stories. In addition it has been identified that school nurses operate in multiple spaces, in order to provide support to vulnerable young people, and are beginning to move into new spaces in order to continue this. Soja's (1996; 2006) theory on postmodern space has offered a valuable model to help interpret the school nurses' collective stories; although critics of Soja's theory suggest that he is just expressing that time, space and society are hybrids and mutually essential, and that in Thirdspace everything just comes together anyway (Barnett, 1997). Yet the modus operandi of considering each space individually, has allowed for a

¹² Act 1: Scene 5. (Dickens 1839) Nicholas Nickleby Stage version (2001) First produced by the Red Shift Theatre Company.

richer exploration to have been undertaken discovering the various spaces in which school nurses locate their practice. It appears that space is not a fixed, rigid three dimensional concept as first appears but that it can move and shift (Denzin, 2001). Indeed the existence of a Fourthspace has been unveiled as new space; in which school nurses can support young people more widely via a virtual, digital medium.

SCENE 6: Integrity of the study

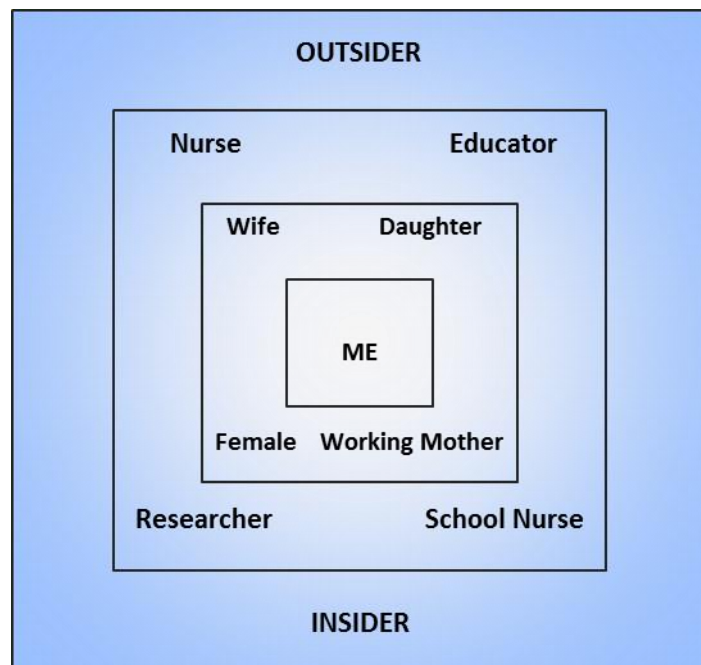
In order to contemplate the integrity of the stories in more depth, a number of questions have been posed for consideration by both audience and critics. These include a reflexive stance on my personal involvement and credibility to tell these performed stories to others; why these stories and have they been understood; can they 'move' others to action; why is now a pertinent time to tell them and what do these stories offer to professional practice? (Driscoll, 2007). This approach allows for conclusions to be drawn by the audience / critics about the potential impact of these stories.

Why performed through me?

My own professional background as a school nurse means is that I can be a credible chorus, by communicating and interpreting these stories, bearing witness and providing an opportunity for the performance to be viewed by others. It cannot be denied that in the very writing of this thesis I am present in every word, choice of phrase, construction of each sentence, deliberation of interpretation and what has been told and not told. I accept this responsibility and recognise I will have been influenced by my personal and cultural horizons as discussed in ACT I

(Rowe, 2003) (see Figure 8). Therefore in order to be transparent this thesis has been creatively crafted with me as director and includes reflexivity throughout. The stories told to me by the narrators are a form of everyday theorizing about professional identity, illumination and emancipation (Hunt, 2006). Yet it has allowed for collaboration to occur as I have presented their story as well as my own (Connelly and Clandinin, 2000).

Figure 8: Presence of self within the study



Metaphorical imagery, in the form of performative drama, has been used as a vehicle to present and sustain this work, and can be traced back to the origins of the study and beyond. The dramatic arts featured significantly in my childhood and experiences of being taken by my parents to watch and then participate in live theatre and dance has stayed with me into adulthood. Teaching has been described as being a creative, interactive performance; where the teacher steps out into a prescribed space to portray aspects of a reality (Hornbrook, 1998). As

a nurse teacher I endeavour to paint a picture using visual and audio cues, paying attention to what I do as well as what I say to enable others to engage, connect and thereby learn and understand much in the same way as a performer (Putney and Malin, 2010). The use of metaphors as a means of imagery to enable people to connect to my ideas and ways of thinking features in my teaching as well as research journey (Appendix 16). Therefore the use of performative drama as a metaphor to present the study and inviting the audience in to judge the quality themselves seemed a natural direction to take (Clough, 2002).

In addition reflexivity was a central feature during the analysis phase, as it was threaded through the analytical process. This helped to address inter-subjectivity which Munhall (2012) describes as being the interplay that takes place between the subjective worlds of two people. It is accepted that the stories told can be subjective, but is believed that they are authentic; irrespective as to whether they are true. The use of poetic re-representations has been a powerful medium to reconnect with the realities of everyday practice. By understanding the practicum in which school nurses operate has meant that I can, along with the audience and critics make a judgement on the authenticity of the stories.

During the collection of the stories I was able to share in the world of the school nurses and experience a communal understanding of this world (Holloway and Freshwater, 2007). As this is an affirmative element, the potential to engage in '*smoothing*' so that only a positive stance is taken in the collection and analysis of the stories could be a criticism (Webster and Mertova, 2007). In an attempt to address this only one question was asked, with any other questions being

confirmatory in nature. All audio transcripts were transcribed verbatim and direct words used in the presentation of the analysis to ensure the voice of each narrator was heard.

Conceptual elements were drawn from collective stories and their relationships were depicted by the construction of concepts maps (Appendix 13). The use of concept maps to explore the relationship between identified common elements helped to demonstrate how findings and conclusions were drawn from the raw transcripts of the narratives. This assists the auditability of the study by allowing others to follow the documentation trail that has led to my conclusions (Dempsey and Dempsey, 2000). Nonetheless another researcher may have selected different concepts from across the collective stories, potentially resulting in other interpretations (Amsterdam and Bruner, 2000). Therefore it is acknowledged that these are my versions of the stories, which have been explicated and interpreted as a result of my own interactions and experiences (Clough, 2002). The design of conceptual frameworks and choice of data analysis model have also influences the findings, and others may have responded differently and presented different foci and perspectives (Finlay, 2002b; Earchy and Cronin, 2008). However, this is comparable with the world of performance art in that there are often different film or stage interpretations (versions) of the same book. It is argued that what this study has done has, for a moment, provided an interpretative space where individual as well as multiple voices can engage with others, in order to reflect on how young people are supported.

In order to ensure that the study was conducted honestly, ethical guidelines were

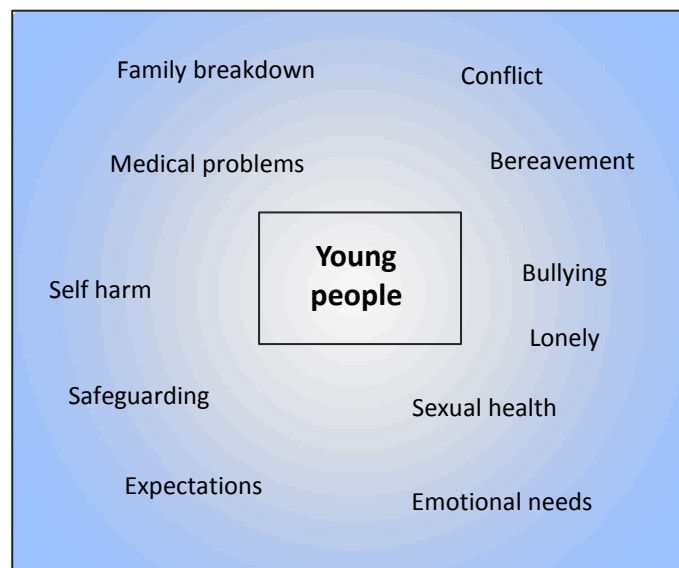
adhered to strictly (Appendices 11a, 11b, 12). Webster and Mertova (2007) suggest that if the study cannot demonstrate trustworthiness and honesty then this commits an injustice to those who have participated. Each narrative was transcribed and returned back to the narrator to validate their stories confirming that they had been accurately recorded and as such were honest accounts (Houghton *et al.*, 2013) which was confirmed by all the narrators. All of the narrators responded positively to their poetic re-presentations highlighting this was a powerful way of retelling their stories. One responded by saying “*When I read the poem I could actually hear myself telling you this story*”. The purpose was not to provide an authoritative account of truth (Holloway, 2005) or reveal the truthfulness of the story; but to bear witness to and provide a space for them to be told, recreated and understood (Cousin, 2009).

Detailed notes of each stage of the research have been documented providing a clear account of the process. This has allowed for the dependability of the study (stability over time) to be judged (Ryan-Nicholls and Will, 2009). Each audio transcript was transcribed verbatim, with each page and line numbered to allow for easy navigation. All names and identifying features were removed to protect confidentiality and promote anonymity adhering to ethical requirements.

Why this?

The need to provide support to some young people to enable them to cope with difficult and challenging situations has been highlighted in previous ACTS. Many stories included issues relating to ethical and moral dilemmas, which have caused them to reflect and think (Figure 9 page 156).

Figure 9: Possible reasons why young people seek support



Dissemination of the findings aims to make an impact on, open a critical dialogue and influence the wider school nursing community, with the aim to provide a clearer picture of how emotional support is provided. Attention has been given to ensure sufficient detail has been provided to allow the audience to make a judgement about the quality of the findings and interpretation (Appendices 12, 13, 15).

Qualitative writings should do more than engage readers at an intellectual level; they need to be able to speak to their emotions and resonate with others (Holloway, 2005). Poetic re-presentations can draw you the audience into the performance so you too become actively involved (Holloway, 2005). It is you who must discern the integrity of the stories, interpret their significance and respond to them in terms of ethical action (O'Neill and Lambert, 1982). This has been partly achieved by publication in a peer reviewed professional journal (Sherwin, Cross and Holyoake, 2014) (Appendix 17). In addition readers of the journal were

invited to contact the researcher to comment on the findings of the study presented in the article. A number of responses were received, all of whom commented that they could identify with the findings. One reader of the journal sent a very emotive response :-

"I am sat at my desk at work crying after reading your article in BJSN. The poems summed up so powerfully the feelings...that I feel almost daily in my role as school nurse. I have never been in the slightest bit interested in poetry or expressing myself through words but the words just tumbled on to the paper. I have sent my words through to you...I would like to share it with someone...." (Helen Appendix 18).

This supports verisimilitude in that the stories (in the forms of poetic representations), have resonated and connected with the school nurse audience, and therefore they can be considered as authentic adding to the robustness of the study (Emden and Sandelowski, 1999; Webster and Mertova, 2007). Combining two approaches to the interpretation of the stories has helped address issues relating to honesty, verisimilitude and authenticity providing a broader and balanced interpretation and demonstrate plausibility (Cousin, 2009). Munhall (2012) reminds narrative researchers about the potential for profound change and the experiencing of intense emotions and whilst this was considered in relation to the narrators using ethical guidelines, such emotive responses from the audience were not anticipated. An audio CD containing two poetic representations can be found in Appendix 19.

Why now?

Webster and Mertova (2007) point out that the impact and influence of the familiar needs to be considered in relation to contemplating integrity of data.

When researching every day experiences these may have become such a routine event they have disappeared from individuals' consciousness. This is evidenced by the number of responses to the article and illustrated in Helen's response (Appendix 18). She instantly connected with the poems, was able to draw analogies and articulate that she too had experienced the struggles that exist in practice. Although viewed as everyday events the narrators were asked to talk about a specific example of when and how they provided support to a young person i.e. a critical event which Amsterdam and Bruner (2000 p.1) describe as making the '*familiar strange*' again in order to capture the unforeseen and rescue the 'taken for granted'. This enables a deeper view of the familiar to be opened up to audiences and critics (Clough, 2002).

The reason and purpose as to why the narrators selected those particular stories to tell will be different and varied. Yet it is important to pause and ponder why these stories were identified and retold by the narrators at this particular time. The review of the literature (see ACT II) highlighted difficulties school nurses are experiencing including a lack of investment and the challenges within the new commissioning arrangements. There are increasing concerns regarding the fragility of today's young people's emotional health and the difficulties faced by school nurses trying to provide support to increasing numbers of young people (DH, 2011). Many narrators pleaded for more investment (political agenda); whereas others vocalised what they did every day, to highlight the problems and challenges they face (professional and moral intent). Yet all of the stories are considered important as each narrator told their chosen story as they felt it to be significant at this particular time.

So what?

Narratives are reconstructions of subjective realities with each story being unique and which may change each time they are told. The aim is not to look for patterns in order to generalise findings, as it is the narrators' truths and meanings of their experiences that are important (Bailey and Tilley, 2002). However, Silverman (2013) provides a word of caution that stories should just not present dramatic and interesting elements, but should be representative and reflect some typicality. This can then give credibility to the study and can help in assessing whether the findings are transferable to similar milieu.

In order to assist you, as the audience and critics, to decide what this study offers a number of steps were taken. Firstly sufficient findings have been provided in the form of individual and collective stories thus providing a richness of detail, but also a broadening approach, with additional information being provided in the appendices to increase accessibility to the stories and subsequent analyses (Webster and Mertova, 2007). Secondly the article submitted for publication gauged a response from the wider school nursing community, confirming that the findings are transferable, as those that responded affirmed that they also had similar experiences. Thirdly poetic re-presentations were used as the basis for a seminar with specialist school nursing students to assist them to reflect on their own practice. All 28 students from 12 different NHS Trusts commented that they were able to recognise and associate the stories with their own experiences. They commented that exploring the poetic re-presentations and collective stories had been a powerful and emotive means of exploring issues in practice. As a result they felt they felt more confident to lobby managers, commissioners and

policy makers for more resources and to present a case for school nursing.

By posing and then answering the question “so what?” it would seem that this performance has created a space for others to enter and to connect with the narrators of the stories (Denzin, 2001). Whilst it has enabled other school nurses to reflect on their own challenges within everyday practice, reassuring them in that they are not alone in experiencing these struggles; it would seem that the findings could transcend to a different level of audience or critic and may be a powerful means of engaging and then influencing decisions made by others such as commissioners. Judgements of further publications and scrutiny of the final thesis by academic and peer critics will also help deem whether the findings are transferable to similar contexts (Bryman, 2008), thus possibly contributing to local service developments, policy development and commissioning of services.

On a pedagogical level it would appear that the findings are helping to inform and teach school nurses and possibly others, about the experiences of providing support to young people. However, the “so what” question is not fully answered because as a school nurse educationalist, I too must ask myself the same question. What does this mean for my own practice in teaching and educating school nurses to become specialists in their field? Teaching is described by Daloz (1999) as pre-eminently an act of care. As an educator I must be concerned with not just about imparting knowledge, but how the students make sense of this knowledge and the impact this has on their capacity to care. Educationalists have a duty to help students look beyond the ordinary to dare to imagine a more innovative world (ibid). The importance of providing a contemporary, proactive and innovative curriculum to ensure school nurses are fit for purpose on completion of the course

must be paramount; to ensure that school nurses are well prepared to provide emotional support to young people, and to push the boundaries of existing practice within Third and Fourthspace (Sherwin, 2012).

Within narrative inquiry standard measurements of reliability and validity are neither appropriate nor adequate, as individuals' stories and lives are human centred and thereby not consistent (Booth, 1996). However, research must still have integrity and therefore the preceding discussion has addressed how this has been considered.

SCENE 7: Limitations of the study

The use of narrative inquiry as a research methodology, whilst becoming more commonly used, is a relatively new approach and therefore is still positioning itself with the research world (Yi Hsu and McCormack, 2011). Whilst it is particularly useful in exploring human experiences it does, as with all research methodologies, have its limitations (Holloway, 2005; Hansen, 2006).

Research within health care has largely been dominated by the positivist paradigm and to ensure high reliability and validity (Holloway, 2005; Munhall, 2012). Therefore a major criticism of narrative inquiry is the inability to generalise the findings largely because of small sample sizes and poor replicability. However, it is argued that rather than being a major limitation or weakness, this method and consequently this study is a legitimate endeavour, as it offers a fuller and more sophisticated understanding of the identified phenomena (Rice and Ezzy, 1999). Adopting a postmodernist stance has meant that the focus

is on individuals and the plural nature of reality; it does not attempt to validate the findings across large groups or try to provide a unified position (Munhall, 2012).

Narrative researchers treat narratives as socially situated and interactive performances, and so a different sample group, with a different researcher, conducted at a different time, will uncover different stories with different meanings (Chase, 2005). Within the performance the narrators may have chosen to underplay some aspects of the story, in order to engender themselves to the audience. Yet it is acknowledged that all individuals have different social sides which we chose to disclose to different groups at different times (Goffman, 1990; Denzin, 2001). But the aim has not been to uncover truth, but to explore the meanings of certain stories told by the narrators. What is also clear, given the reaction of the audience (the wider school nurse community), is that the stories do resonate with them potentially meaning the stories are axiomatic.

The data gathered has been extensive and therefore the analysis, interpretation and dissemination of the findings to date has been time consuming (Hansen, 2006). The events were audio taped using a digital recorder although video recording was also considered. This was rejected as it was felt that use of video equipment may have been too intrusive and could have influenced some school nurses' decision not to participate within the study (Bryman, 2008). However, it would have been helpful to have captured non-verbal body language, facial expressions and gestures as it is important to ascertain not just what people say but how they 'say' (perform) through non-verbal means (Goffman, 1990). The

amount of information generated also led to initial dilemmas in managing and presenting the findings. Webster and Mertova (2007) warn against burrowing too deep and only focusing on the minuscule, which they suggest can result in restrictive analysis. Therefore a dual approach was taken in the analysis phase, in the form of individual poetic representations and then exploring collective stories.

Whilst the aims and purpose of the research have remained constant throughout, the direction and shape of the study has changed considerably. However, this has been viewed as a strength as narrative inquiry has no hard set rules, rituals or procedures to follow (Riessman, 1993; Holloway and Freshwater, 2007). It has allowed for flexibility, helping to shape the study, which has been a liberating and cathartic experience as opposed to one that was restrictive and limiting. My positionality has been identified throughout to aid transparency, yet there have still been struggles and dilemmas to wrestle with and resolve. Many of the stories told were highly emotive and drew me in emotionally. I found myself empathising with the young people they were talking about; the homeless young man, the teenage girl whose mother had died, the young girl trying to deal with her mother's alcohol abuse and who had to care for her younger siblings. This just confirmed to me the importance of performing these stories on a bigger stage and to a wider audience; so that others can access them and be informed about what young people face and the role school nurses play in trying to support them. A particular struggle was when I realised that not only was I the voice of the chorus telling the story on behalf of the narrator, but that I also held the role of director. The responsibility of interpretation, crafting and staging the findings lay heavily for some time. This examination has at times created some performance anxiety

on my behalf as I was aware of the expectations of others, such as the critics and audience, as well as the responsibility of telling the narrators stories (Rowe, 2003). However, this was partially resolved after the publication of the article, the affirmative responses and feedback and the facilitation of the seminar for the students. This helped to confirm that the stories, their interpretation and the method of presentation do have meaning for others.

Hansen (2006) suggests that no study is ever completely finished, and there is considerable scope to develop this study further. The research has only focused on gathering the stories of the school nurses, and it would seem a natural development to gather the stories of the young people themselves about how they have been supported. The absence of the stories from male school nurses and nurses from other ethnic groups is considered to be a limitation of this study as these experiences will probably have been different. Therefore other stories could and should be told, which would enrich the study further thus providing an illumination on other valuable perspectives.

End of ACT IV

ACT V

Resolutions

Conclusions and Recommendations

Mr. Crummles: "The performers know already, it's their repertoire...we shall rehearse the scenes shortly...and then devote the afternoon to our innovations...just so everyone knows what has occurred".¹³

SCENE 1: Beginning of the resolution

In *Nicholas Nickleby*, Charles Dickens was passionate about addressing childhood poverty and social injustice. Whilst 175 years later problems of physical poverty remain, it is emotional poverty that is becoming an increasing modern day public health issue (WHO, 2007; DCSF/DH, 2008). This thesis set out to hear the stories that school nurses had to tell and to discover what they reveal about performing school nursing thereby addressing the following research questions :-

What stories do school nurses have to tell about providing support to children and young people?

What insights do their stories reveal into how they perform school nursing?

How can these stories connect with the school nursing community?

What work do the stories do in terms of enhancing and developing practice?

This study has *identified* and *illuminated* school nursing practice by giving voice to the nurses who took part, and so opening the way to their *emancipation* as practitioners by presenting these stories in an in-depth, original and innovative way (Appendix 2). Whilst we may already think we know some of these collective stories we can now understand them in different ways. This performance text has allowed us into the narrator's storied world to share their efforts to make sense of who they are and how they practice. However, although there is a natural desire for a happy ending known as the "Hollywood effect" (Clandinin and Connelly,

¹³ Act 2: Scene 6. *Nicholas Nickleby*. Stage version (2001) First produced by the Red Shift Theatre Company.

2000), some of the stories the school nurses told were sometimes difficult and distressing, for example trying to support homeless and bereaved young people. But what comes through as they face struggles and challenges is the school nurses' pride and passion. Stories should not be dichotomised by those that are good or bad however; we must ask ourselves "Do they open up a dialogue on whether we can live well with the stories"? In other words what the stories do is enable the audience to become *"good companions of [the] stories and through this companionship we are able to be good craft persons of their individual and collective lives"* (Frank, 2010 p.149). This allows us to listen with our full attention and then to be able to respond with hearts and minds to the performance of these stories.

SCENE 2: What is the original contribution to school nursing?

This study has utilised a research methodology/analysis and developed theoretical frameworks not used before within school nursing research. The use of narrative inquiry, set out as a performance text to examine the different spaces that school nurses operate in is seen to be new and creative. The driving concepts of identity, illumination and emancipation within school nursing practice have been ever present features throughout the study. As such they guided the design of the research, feature in the findings and also underpin the recommendations which are embedded within subsequent scenes. These findings have provided powerful new insights, contributed towards the development of theoretical understandings and identified potential new spaces for clinical practice and education to be developed.

Data analysis was grounded in an explicit interpretivist-interactionist model (Savin-Baden, 2004) which was subsequently expanded to encompass the particular context of this study. Poetic constructions gave life to individual school nurses who took part presenting school nursing research in a new way, which resonates with the wider school nursing community seen as the audience in the study (Sherwin, Cross and Holyoake, 2014). The use of this approach renders the dialogue is real and powerful and tells its own story even without any interpretation (Bold, 2012; Clough, 2002). Using poetic re-presentation guards against Frank's (2000) warning that moving out of the story to transfer the text for analysis can lead to misunderstandings. What may have been seen as traditional research findings have become narratives crafted into dramatic poetic texts, which have provided an emotive means of presenting data, demonstrating authenticity and opportunities for reflection (Denzin, 2001). Therefore is this a way forward for developing specialist school nursing educational programmes? The answer must be undoubtedly "yes", insofar as it provides an avenue into reflexivity and personal resilience within this area of practice.

It has also uncovered tacit knowledge and patterns of school nursing behaviours. Whilst some findings resonate with previously published literature, others have not yet been discussed in relation to school nursing such as the impact of emotional labour. The new term '*role containment vs role diffusion*' has been introduced in order to describe the tensions that can exist between the demands of the organisation (role containment); and the need to provide support to the young people they work with (role diffusion), using tacit knowledge as well as empirical knowledge to practise their craft.

The spaces in which school nurses work in have not been explored before and this study has taken up this challenge using Soja's (1996) spatial theory. As a result a new and compelling space known as 'virtual space' has been identified, in which school nurses can perform using new strategies to provide support by taking advantage of new technologies including social media.

I have sought to make these stories accessible to you. Creating a performative text has allowed me, as both chorus and director, to present these stories in a way not used before within this area of nursing thus provide accessibility to the data. You have been invited as audience and critics to engage with this performance. Some may quarrel with this approach, and may agree or disagree with some of my interpretations (Koch, 1998; 2004). However, you must decide for yourselves whether by entering into the stories, you feel sufficiently moved to layer your own interpretation and so extend the work the stories are able to do. At the same time by opening up a space for audience response allows you to leave transformed by what you have experienced (Lapum *et al.*, 2012). Stories are the closest we can come to shared experiences as they have been told and as they wish to be heard, thus exemplifying the complexity and human centeredness of each narrative event (McEwan and Egan, 1995).

SCENE 3: What does this mean for practice?

Performance as a metaphor has been a powerful vehicle for the expression of emotions (Schechner, 2002), a useful repository for new understandings and opportunities for such creative solutions to be realised and made accessible to

others in a new and accessible way (Cahnmann, 2003; Sherwin, Cross and Holyoake, 2014) (Appendices 17, 18).

Story telling can aid the development of personal resilience and is recognised as having therapeutic benefits for practitioners (East *et al.*, 2010). The school nurses found telling their stories to be a cathartic experience which speaks to their need for support and resilience in dealing with highly emotional and complex situations in the context of Soja's Thirdspace. They recognised that involvement in the study gave them space to reflect and reconceptualise what they do subconsciously on a daily basis, to move towards some form of creative resolution.

These nurses must not feel abandoned to cope alone with challenging and complex cases. Newly qualified school nurses may require more support in the first year of their practice however; this can only be a recommendation to employers. So at the very least, and as an early step, a formal programme of support in the form of a series of action learning sets (co-operative learning) offered to students by the University for one year post course completion is the **first recommendation** of this study. Co-operative learning sets aim to provide a space for newly qualified school nurses can recount their stories and explore their work experiences through reflection to help build resilience. Thirdspace also provides a confidential and safe space, by encouraging regard and emotional honesty as well as an opportunity for an aporetic encounter (Hunt, 2010; Burbules 1997 in Savin-Baden 2009). It also allows for 'noticing' revealing significant relevancies and raises consciousness of their performance in practice (Benner, Tanner and Chelsa, 2009) through listening to their own voices. This will enable them to preform new

personal knowledge and increase understanding through collegiate peer support (East *et al.*, 2010; Graham and Partlow, 2004). In other words they will come to know through doing (Alexander, 2005).

Dialogue and deep listening may not necessarily produce answers, but it will create a space for acceptance, empathy and affirmation. An invitation to engage with the “*messiness of practice*” (Rolfe, 1996 p.100) and take ownership of their own growth and development should help them secure the identity of school nursing practice thus benefitting young people’s care (Bell *et al.*, 2007; Young *et al.*, 2010).

The importance of informing those commissioning children and young people’s health services about the health needs of this vulnerable group is clearly highlighted by the work of Caan *et al.* (2014). Thus an important aim of the dissemination strategy must be to promote more investment in school nursing services, through a richer understanding of young people’s mental health needs and the support that they require.

SCENE 4: What does this mean for school nurse education and training?

Savin-Baden (2009) urges teachers to be brave and recognise that they must be transformative and dynamic. As a course leader for school nursing education, I have come to understand that these stories have become my story as I seek to interrogate my own practice and renew my courage as a school nurse educator. Sensing where to walk with students is the art of teaching (Daloz, 1999):-

"Like guides, we walk at times ahead of our students, at times beside them; at times, we follow their lead. In sensing where to walk lies our art, for as we support our students in their struggle, challenge them towards their best, and cast light on the road ahead, we do so in the name of our respect for their potential and our care for their growth" (Dalo, 1999 p.244).

Learning to enter the worlds of other practitioners through poetry facilitates mutual understanding amongst practitioners. Story telling in this way draws educators and learners in to participate in creating a learning space of openness and cordiality, but at the same time provides and maintains boundaries to avoid any potential confusion and chaos (Benner, Tanner and Chelsa, 2009). Therefore recognising and capitalising on the scope of poetics as a reflexive endeavour is the **second recommendation**. It is worth noting that as long ago as 2004 Raingruber suggested poetry could be a valuable component of educational practice nursing. However, in school nursing education this has been used to little or no effect (National Forum of School Health Educators, 2014). This study provides clear evidence of its capacity to promote such therapeutic approaches within curricula.

Thirdspace is a means of providing collaborative and mutual support for school nurses. However, fourthspace recognises the potential to *illuminate* practice, and foster professional and personal development. Virtual story telling supported through digital and social media is already established as a valuable teaching tool in other contexts to encourage the development of sensitive and compassionate practice (Matthews, 2014). Therefore the **third recommendation** is that curricula is developed and enhanced to encourage students to engage with young people to promote digital literacy, facilitating social learning and develop emotional intelligence (Robin, 2008). Issues relating to potential professional and

ethical issues in using social media also need to be explored, to instil confidence in using these tools as an innovative means of providing support.

Consideration will be given as to how knowledge and skills in relation to promoting positive emotional and mental health can be incorporated more fully into all school nursing curricula. Therefore further to this the **fourth recommendation** is the importance of having a 'toolkit' to help provide more structured, complex support to young people using intervention based strategies techniques for example Cognitive Behaviour Therapy (CBT), Solution Focused Therapy (SFT) and motivational/ promotional interviewing techniques is indicated. This will involve working more collaboratively with mental health teaching colleagues, and opportunities for inter-professional working and learning between school nurses and other professionals.

As the three previous recommendations relate to identity and illumination we must ask ourselves what does this work offer in terms of "emancipation". In other words where will school nurses find a platform to make their voices heard? Clinical leadership is an important vehicle (Francis, 2013) to increase the visibility of the service and to bring about political transformation. Therefore the **fifth recommendation** is to design new curricula (in line with NMC standards and guidance for SCPHN practice), with a sharper focus on strengthening clinical leadership skills, to build confidence to take on more strategic roles and thereby work and deliver services more proactively.

SCENE 5: What comes next? Further research opportunities

Dissemination of this work has been considered throughout and a summary of the dissemination strategy can be found in Appendix 20. Although resolution can be found within this story, it has not reached its final conclusion if indeed it ever will. But what the nurses tell us is that we cannot go back to where we once were. Their stories have been performed and are now out in the public domain, so we must prepare ourselves to look to the future as there are other stories to be considered. The **sixth recommendation** is that further research involving male school nurses and from a broader cultural perspective should be undertaken as avenues for further study.

Throughout this performance we have heard the tale from Nicholas Nickleby's perspective, but what about Smike (Dickens, 1839)? What of the children and young people themselves, their families and carers in the performance? If evidence as to how services are achieving, is to be embedded in key performance indicators, quality assurances processes and commissioning targets, then the **seventh and final recommendation** is that the evidence contained in their stories about what it is like for the young people themselves to receive support from school nurses should not go unheard but also be performed. This would provide a cyclical perspective to the overall study, as it would involve all of the characters within the performance. Yi Hsu and McCormack (2011) postulate that collecting stories from service users need to be built into quality improvement mechanisms within clinical settings, as they are an effective means of gathering information about client experiences.

Summary of recommendations

1. Offer action learning sets for alumni students for one year post completion of SCPHN course to build personal resilience.
2. Introduce storytelling and poetics within curricula to encourage reflexivity on practice.
3. Provision of workshops on using social media within practice settings to build confidence and to explore potential ethical issues.
4. Include opportunities with curricula for students to develop additional skills to use cognitive behaviour therapy, solution focused therapy, motivational and promotional interviewing.
5. Sharper focus on developing clinical leadership skills to bring about political transformation.
6. Undertake further research with male school nurses and a broad cultural perspective about their experiences of providing support.
7. Undertake further research with children, young people and families to hear their stories.

SCENE 6: Exodus

"Give the customer, the consumer, the client, the hope and a witness with whom to write their story and promise nothing more." (Holyoake and Golding, 2012 p.6).

As this performance reaches its exodus we must ask *"What has this performance accomplished"*? Actions in everyday life can be undertaken unthinkingly, but voicing them consciously (as in the form of these stories) brings a tangible quality to the performance and makes them accessible to others. Some of these stories remain 'unsorted and untold' but this is the messiness of professional practice.

However, these interpretations have raised a new consciousness in the form of intuitive knowledge within practitioners who have (re)discovered their own stories, and a richer understanding of the world in which they practice. The responsibility of nurturing such insight within newly qualified school nurses is the privileges of nurse educators who are able to create new spaces for learning.

The conceptual framework used to support this study focused on '*performance as the story of identity, illumination and emancipation*'; each has been explored in some detail, to remind us that the work is grounded, contextual and offers a creative analysis of school nursing practice. Within this performance, space has been provided for managers, commissioners, policy makers and others to witness and engage with these stories thus providing some hope in terms of changes in practice.

Indeed the real value of nursing research lies in its contribution to the development of nursing practice and the improvement in patient or client care (Fairbairn and Carson, 2002). Therefore this study must also be judged by how the findings have engaged practitioners in a dialogue and impacted on practice thus far, as well as how its recommendations will prepare school nurses to enhance and find meaning in the support they can offer to young people. Casting a new gaze on school nursing practice, developing learning and encouraging reflection has enabled "*thinking with stories*" (Bleakley, 2005, p.535) and 'new' stories have been (re)created. This collaboration with the narrators has enabled it to become 'my story' to tell, demonstrating the fluidity of my positioning as shown in Figure 2 (page 19) as I too have become a narrator (Chase, 2005; Bonis, 2009) School

nurses perform under difficult circumstances, but they also describe how fulfilling and personally satisfying the role can be, and this study has opened up new possibilities and opportunities to develop the role further.

But ultimately the final tribute must go to the supporting cast, those children and young people who are quietly and silently standing in the 'wings' of the performance; waiting for someone to come and find them, to help and support them through their difficult and traumatic times. They are central to the performance, yet their involvement is not based upon characters created by others, but on their own actual life events and circumstances in which they have found themselves. It is such circumstances which cause them to reach out to someone who can help and support them, and who will lead them to a place of safety, emotionally or physically, or both. School nursing is a speciality that requires a unique set of skills and abilities (Sendall *et al.*, 2014) and these nurses remain ideally placed professionals to be the 'hands that catch' and support vulnerable young people. As this performance has shown us they do this daily within their everyday practice; at times almost subconsciously and almost always invisibly; yet it is their *raison d'être* for who they are as school nurses. More investment in the way of additional staff, resources and ongoing support and training for qualified school nurses is long overdue to allow promotion of the service. All those young people who need help in times of adversity, crisis and distress, wherever they are, must be able to access the right type and amount of emotional support. Until this is in place there are too many who will continue to experience unhappiness, distress, health inequalities and social injustice just as Charles Dickens described in 1839.

“What happens when the light first pierces...the dark dampness in which we have waited? We are slapped and cut loose. If we are lucky someone is there to catch us....and persuade us that we are safe. But are we safe? What happens if, too early we lose a parent? That party on whom we rely for not only everything? Why, are we cut loose again ...and we wonder, even dread...whose hands will catch us now?”¹⁴

As some young people continue to cope alone with life's difficulties and traumas, we are still left asking *“whose hands will catch them?”* Some recommendations have been made as to how we need to respond to this question in the light of these narratives. The stories do not cease to perform when a specific performance (such as this study) ends. The stories will continue to resonate. School nurses perform in order to be that ‘safe pair of hands who can catch them’, and provide the necessary emotional support to those who are distressed, fearful and lonely. Therefore school nurses deserve help and support to be able to perform what may be at times a life changing role.

“It's always something. To know you've done the most you could. But, don't leave off hoping, or it's no use doing anything. Hope, hope to the last!”¹⁵

CURTAIN

¹⁴ Extract from screenplay performance of *Life and Adventures of Nicholas Nickleby* (2002) based on the novel by Charles Dickens (1839).

¹⁵ Dickens, C. (1839) *Nicholas Nickleby* Chapter 52, page 641 London: Penguin Books

Programme Notes
(References and Appendices)

References

- Abbott, P. and Sapsford, R. (1998) *Research methods for nurses and the caring professions*. 2nd ed. Buckingham: Open University Press.
- Alexander, B. (2005) Performance ethnography; the re-enacting and inciting of culture. in Denzin, N.K and Lincoln, Y.S (eds) *Handbook of qualitative research*. 3rd ed. California: Sage, pp. 412-428.
- Allen, B. (2004) Drop in clinics in secondary schools: the perceptions and experiences of school nurses. *Education and Health*, **22**(3), pp. 39-43.
- Allen, B. (2007) Lunchtime drop in clinics accessible in schools. *British Journal of School Nursing*, **2**(5), pp. 205-211.
- Allison, M. A., Crane, L. A., Beaty, B. L., Davidson, A. J., Melinkovich, P. and Kempe, A. (2007) School-based health centers: improving access and quality of care for low-income adolescents. *Pediatrics*, **120**(4), pp. 887-894.
- Amsterdam, A. and Bruner, J.S (2000) *Minding the Law*. Cambridge, MA: Harvard University.
- Anderson-Nathe, B. (2008) Contextualising not knowing terminology and the role of professional identity. *Child and Youth Service*, **30**(1/2), pp. 11-25.
- Anglin, J. (2002) Review of development of child and youth care provision in the United States. *Child and Youth Care Forum*, **31**(1), p. 27.
- Appleton, J. (2007) Vulnerable children. in DeBell, D. (ed) *Public health practice and the school age population*. London: Edward Arnold, pp. 151-176.
- Aveyard, H. (2014) *Doing a literature review in health and social care*. 3rd ed. Berkshire: OU Press.
- Avis, M. (2005) Is there an epistemology for qualitative research. in Holloway, I. (ed) *Qualitative Research in Health Care*. Berkshire: OU Press, pp. 3-16.
- Avis, M. and Freshwater, D. (2006) Evidence for practice, epistemology, and critical reflection. *Nursing Philosophy*, **(7)**, pp. 216-224.
- Bagnall, P. and Dilloway, M. (1996) *In a different light: School nurses and their role in meeting the needs of school age children*. London: QNI.
- Bailey, P. and Tilley, S. (2002) Storytelling and the interpretation of meaning in qualitative research. *Journal of Advanced Nursing*, **38**(6), pp. 574-583.
- Bailin, S. (1998) Creativity in context. in Hornbrook, D. (ed) (1998) *On the subject of drama*. London: Routledge, pp. 22-33.

Baisch, M., Lundeen, S. and Murphy, K. (2011) Evidence based research on the value of school nurses in an urban school system. *Journal of School Health*, **81**(2), pp. 74-80.

Bakan, A. (1996) Some reflections about narrative research and hurt and harm. in Josselson, R. and Lieblich, A. (eds) *The narrative study of lives*. London: Sage, pp. 75-89.

Baker, C. (2010) *Re-entering the Thirdspace? Re-evaluating Soja's spatial theory in and for the postsecular city*. Chester: William Temple Foundation [online].

[Accessed 19/4/13].

Available at www.williamtemplefoundation.org.uk/documents/AAG2010-BAKER

Ball, E. (2011) A social purpose model for nursing. *Nursing Forum*, **26**(3), pp. 152-156.

Ball, J. (2009) *School Nursing in 2009: Results from a survey of RCN members working in school in 2009*. London : RCN.

Ball, J. and Pike, G. (2005) *School Nurses: Results from a census survey of RCN school nurses in 2005*. London: Employment Research Ltd/ RCN.

Barak, A. and Gluck-Ofri, O. (2007) Degree and reciprocity of self disclosure in online form. *Cybersychology and Behaviour*, **10** (3), pp. 407-417.

Barnes, M., Walsh, A., Courtney, M. and Dowd, T. (2004) School based youth health nurses' role in assisting young people access health services in provincial, rural and remote areas of Queensland, Australia. *Rural and Remote Health*, **4** (279), pp. 1-10.

Barnett, C. (1997) Book Review of Thirdspace; journeys to Los Angeles and other real and imagined places. *Institution of British Geographers*, pp. 539-540.

BBC News (2013a) *Hannah Smith death: Father says she was victim of cyberbullying* [online] [Accessed 17/8/13] Available at <http://www.bbc.co.uk/news/uk-england-leicestershire-23584769>

BBC News (2013b) Cyberbullying. [online] [Accessed 17/8/13] Available at <http://www.bbc.co.uk/news/education-23727673>

BBC Newsbeat (2013) Amanda Todd: Memorial for teenage cyberbullying victim. [online][Accessed 17/8/13]

Available at <http://www.bbc.co.uk/newsbeat/19960162>

Bell, M., Coen, E., Coyne-Nevin, A., Egerton, R., Ellis, A. and Moran, L. (2007) Experiences of action learning sets. *Practice Development in Health Care*, **6** (4), pp. 232-241.

Benner, P. (1984) *From novice to expert*. California: Addison Wesley.

- Benner, P., Tanner, C. and Chelsa, C. (2009) *Expertise in nursing practice: Caring, clinical, judgement and ethics*. 2nd ed. New York: Springer Publishing Company.
- Benton, T. and Craib, I. (2001) *Philosophy of Social Science*. Hampshire: Palgrave.
- Birmingham Safeguarding Children's' Board (2010) *Serious Case Review Report*. Birmingham: BSCB.
- Bleakley, A. (2005) Stories as data, data as stories: making sense of narrative inquiry in clinical education. *Medical Education*, **39** (1), pp. 534-540.
- Bold, C. (2012) *Using narrative in research*. London: Sage Publications.
- Bolton, S.C.(2000) Who cares? Offering emotion work as a gift in the nursing labour process. *Journal of Advanced Nursing*, **32** (3), pp. 580-586.
- Bonaiuto, M.M. (2007) School nurse case management: Achieving health and educational outcomes. *The Journal of School Nursing*, **23** (4), pp. 202-208.
- Bonis, S.A. (2009) Knowing in Nursing: a concept analysis. *Journal of Advanced Nursing*, **65** (6), pp. 1328-1341.
- Booth, T. (1996) Sounds of still small voices; issues in the way of narrative methods with people who have learning difficulties. in Barton, L.(ed) *Sociology and Disability: Some emerging issues*. London: Longman, pp. 51-63.
- Borthwick, C. and Galbally, R. (2001) Nursing leadership and health sector reform. *Nursing Inquiry*, **8** (2), pp. 75-81.
- Bourdieu, P. (2000) *Outline of a theory of practice*. Cambridge: Cambridge University Press.
- Bradbeer, J. (1998) *Imagining curriculum: practical intelligence in teaching*. New York: Teachers College Press.
- Brindis, C. and Sanghvi, R. (1997) School based health clinics: Remaining visible in a changing health care delivery system. *Annual Review of Public Health*, **18**, pp. 567-587.
- British Paediatric Association (1995) *The health needs of school age children: the Polnay Report*. London: BPA
- British Youth Council [BYC](2011) *Our school nurse. Young people's views on the role of the school nurse*. London: British Youth Council.[online] [Accessed 18/7/13] Available at www.byc.org.uk

- Brooke, R., Coyle, D. and Walden, A. (2005) Finding a space for professional development: Creating Thirdspace through after school writing clubs. *Language Arts*, **82** (95), pp. 367-377.
- Brooks, F., Kendall, S., Bunn, F., Bindler, R. and Bruya, M. (2007) The school nurse as navigator of the school health journey: developing the theory and evidence for policy. *Primary Health Care Research and Development*, **8** (3), pp. 226-234.
- Bruner, J. (1987) Life as a narrative. *Social Research*, **54** (1), pp. 11-32.
- Brunner, D. (1994) *Inquiry and Reflection: Framing Narrative Practice in Education*. Albany: State University of New York Press.
- Bryman, A. (2008) *Social Research Methods*. 3rd ed. Oxford: Oxford University Press.
- Caan, W. (2010) *Stating the case for school nursing. UKPHA Child Public Health Special Interest Group*. London: UKPHA.
- Caan, W., Cassidy, J., Coverdale, G., Ha, M-A., Nicholson, W. and Rao, M. (2014) The value of using schools as community assets for health. [date accessed 20/1/15] Available at <http://dx.doi.org/10.1016/j.puhe.2014.10.006>
- Cahnmann, M. (2003) The craft, practice and possibility of poetry in educational research. *Educational Researcher*, **32** (3), pp. 29-36.
- Carlson, M. (2004) *Performance: A critical introduction*. 2nd ed. London: Routledge.
- Carper, B. (1978) Fundamental patterns of knowing. *Advances in Nursing Science*. **1**, pp.13-24.
- Carr, D. (1986) *Time, narrative and history*. Bloomington: Indiana University Press.
- Carr, W. and Kemmis, S. (1986) *Becoming Critical. Education, knowledge and action research*. Lewes: Falmer
- Chase, E. , Chalmers,H., Warwick, I., Thomas, F., Hollingworth, K. and Aggleton, P. (2010) *Promoting the health of children and young people through schools: The role of the nurse*. London: Thomas Corum Unit.
- Chase, S.E. (2005) Narrative Inquiry: Multiple lenses, approaches, voices. in Denzin, N.K and Lincoln, Y.S (eds) *Handbook of qualitative research*. 3rd ed. California: Sage, pp. 421-434.
- Child and Adolescent Mental Health Services [CAMHS] (2008) *Children and young people in mind: The final report of the national CAMHS Review*. London: Department for Children, Schools and Families.
- Clandinin, D.J. and Connelly, F.M and (2000) *Narrative Inquiry: Experience and story in qualitative research*. San Francisco: Jossey- Bass.

- Clandinin, D.J. and Roiesk, J. (2007) Mapping a Landscape of Narrative Inquiry: Borderland Spaces and Tensions. in Clandinin, D.J. (ed) *Handbook of narrative inquiry: Mapping and methodology*. Alberto: Sage, pp. 35-75.
- Clarke, M. (2013) New school nursing text messaging service piloted in Leicestershire. *British Journal of School Nursing*, **8**(5), p. 214.
- Clough, P. (2002) *Narratives and fictions in educational research*. Buckingham: OU Press.
- Coffey, A. and Atkinson, P. (1996) *Making sense of qualitative data, complementary research strategies*. London: Sage.
- Connelly, F. M. and Clandinin, D. J., (2006). Narrative inquiry. in Green, J., Camilli, G. and Elmore, P (eds.), *Handbook of complementary methods in education research*. New Jersey: Lawrence Erlbaum, pp. 375-385
- Coverdale, G. (2007) Public health nursing. in Thornbory, G. (ed) *Public health nursing: A textbook for health visitors, school nurses and occupational health nurses*. Oxford: Willey Blackwell. pp. 21-45.
- Cotton, L., Brazier, J., Hall, D., Lindsay, G., Marsh, P., Polnay, L. and Williams, T.S. (2000) School nursing; Costs and potential benefits. *Journal of Advanced Nursing*, **31**(5), pp. 1063-1071.
- Cotton, R. (2013) Providing LGB adolescents with effective health education, advice and support. *British Journal of School Nursing*, **8**(9), pp. 444-448.
- Court Report (1976) *Fit for the future: Report of the Committee on the future of child health services*. London: HMSO, Cmnd 6684.
- Cousin, G. (2009) *Researching learning in higher education. An introduction to contemporary methods and approaches*. London: Routledge.
- Cousin, G. (2010) Positioning reflexivity: The reflexive turn. in Cousin, G. and Howell-Major, C. (eds) *New approaches to qualitative research: Wisdom and uncertainty*. Oxon: Routledge, pp. 9-18.
- Crabtree, E. and Davis, T. (2009) Marketing the role of the school nurse. *British Journal of School Nursing*, **4**(8), pp. 395-398.
- Croghan, E. (2013) Focusing on the challenges ahead. *British Journal of School Nursing*, **8**(7), p. 317
- Croghan, E., Johnson, C. and Aveyard, P. (2004) School nurses: policies, working practices, roles and value perceptions. *Journal of Advanced Nursing*, **47**(4), pp 377-385.

Daloz, L.A (1999) *Mentor: Guiding the journey of adult learners*. San Francisco: Jossey-Bass

Davies, C. (1995) *Gender and the professional predicament in nursing*. Oxford: Oxford University Press.

Davies, S. (2013) Annual Report of the Chief Medical Officer 2012: Our children deserve better: Prevention pays[online]. [Accessed 29/1/14] Available at <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays>

DeBell, D. (2007) Background: the child in 21st Century Britain. in DeBell, D. (ed) *Public health practice and the school age population*. London: Hodder Arnold. pp. 3-20.

DeBell, D and Everett, G. (1997) *In a class apart: A study of school nursing*. Norwich: City College.

DeBell, D. and Jackson, P. (2000) *School nursing within the public health agenda: A strategy for practice*. London: QNI

Debell, D. and Tomkins, A. (2006) *Discovering the evidence base of school nursing*. London: CPHVA.

Delcayre, C. (2014) *The Greek chorus in ancient and contemporary theatre* [online] [Accessed 11/6/14] Available at www.sonoma.edu.

Dempsey, P.A, and Dempsey, A.D. (2000) *Using nursing research : Process, critical evaluation and utilisation*. 5th ed. Philadelphia: Lippincott.

Denman, S., Moon, A., Parsons, C., and Stears, D. (2002) *The healthy promoting school: Policy, Research and Practice*. London: Routledge.

Dennis, C. (2003) Peer support within a health care context: a concept analysis. *International Journal of Nursing Studies*, **40** (1), pp. 321-332.

Denzin, N.K. (2001) The reflexive interview and a performance social science. *Qualitative Research*, **1**(1), pp. 23-46.

Department for Children, Schools and Families (2007) *The Children's Plan*. London: DSCF

Department for Children, Schools and Families/ Department of Health (2008) *Child and Adolescent Mental Health Services Review*. London: The Stationery Office.

Department for Children, Schools and Families/ Department of Health (2009) *Healthy Lives, Brighter Futures. A strategy for children and young people's health*. London: The Stationery Office.

Department of Education (2014) *School pupil numbers* [online] [Accessed 12/8/14]. Available at <https://www.gov.uk/government/collections/statistics-school-and-pupil-numbers>

Department for Education and Skills (2006) *Looking for a school nurse*. Nottingham: DfES Publications.

Department of Health (1999a) *Saving Lives: Our Healthier Nation*. London: The Stationery Office.

Department of Health (1999b) *Making a difference: Strengthening the nursing, midwifery and health visiting contribution to health and healthcare*. London: The Stationary Office.

Department of Health (2004a) *National Service Framework for Children, Young People and Maternity Services*. London: Department of Health.

Department of Health (2004b) *Choosing Health: Making health choices easier choices*. London: Department of Health.

Department of Health (2004c) *The Chief Nursing Officer's Review of the Nursing, Midwifery and Health Visiting Contribution to Vulnerable Children and Young People*. London: Department of Health

Department of Health (2005) *You're Welcome Quality Criteria. Making health services young people friendly*. London: Department of Health

Department of Health (2006) *National Child Measurement Programme*. London: The Stationery Office.

Department of Health (2010a) *Healthy Lives: Healthy People*. London: The Stationery Office.

Department of Health (2010b) *Equity and Excellence: Liberating the NHS*. London: Department of Health.

Department of Health (2011a) *No health without mental health*. London: Department of Health.

Department of Health (2011b) *The health visitor implementation plan 2011-2015: A call to action*. London: The Stationery Office.

Department of Health (2012) *Getting it right for children, young people and families. Maximising the contribution of the school nursing team: Vision and call to action*. London: Department of Health.

Department of Health (2013a) *School Nursing as a career* [online] [Accessed 25/7/13] Available at www.nhs.uk/.../nursing/careers-in-nursing/school-nursing.

Department of Health (2013b) *Improving Children and Young People's Health Outcomes: a system wide response*. London: Department of Health [online] [Accessed 12/8/13] Available at www.dh.gov.uk/publications

Department of Health (DH 2013c) *Improving outcomes and supporting transparency. Part 1a A public health outcomes framework for England 2013-2016*. London: Department of Health.

Department of Health and Department of Children, Schools and Families (2009) *Healthy Child Programme 5- 19 years*. London: Department of Health

Department of Health / Department for Education and Skills (2006) *School Nurse Development Resource Pack. Specialist Community Public Health Nursing*. London: Department of Health.

Department of Health/NHS Commissioning Board (2012) *Compassion in practice: Nursing, Midwifery and Care Staff our vision and strategy*. London: Department of Health.

Department of Health/Public Health England (2014a) *Maximising the school nursing team contribution to the public health of school age children: Guidance to support the commissioning of public health provision for school age children 5-19 years*. London: Department of Health.

Department of Health/Public Health England (2014b) *Promoting emotional health and wellbeing and positive mental health of children and young people*. London: Department of Health.

Derrida, M. (2001) *Writing and difference*. London: Routledge Classics.

DeScocio, J. and Hootman, J. (2004) Children's mental health and school success. *The Journal of School Nursing*, **20**(4), pp. 189-196.

Dickins, C. (1839) *Nicholas Nickleby*. Reprinted in 1999. London: Penguin Books.

Diener, E. and Crandall, R. (1978) *Ethics in social and behavioural research*. Chicago: University of Chicago.

Dombro, M. (2007) Historical and philosophical foundations of qualitative research. in Munhall, P. L (ed) *Nursing Research: A qualitative perspective*. 4th ed. Boston: Jones and Bartlett, pp. 99-126.

Downie, J., Chapman, R., Orb, A. and Juliff, D. (2002) The everyday realities of the multi-dimensional role of the high school community nurse. *Australian Journal of Advanced Nursing*, **19**(3), pp. 15-24.

Driscoll, J. (2007) *Practising Clinical Supervision: A Reflective Approach for Healthcare Professionals*. 2nd ed. Edinburgh: Bailliere Tindall Elsevier.

- Duffy, M. (2012) Narrative Inquiry: The Method. in Munhall, P. L. (ed) *Nursing Research: A qualitative perspective*. 5th ed. MA: Jones and Bartlett Learning, pp. 421-454.
- Earthy, S. and Cronin, A. (2008) *Researching social life*. 3rd ed. London: Sage.
- East, L., Jackson, D., O'Brien, L. and Peters, K. (2010) Story telling: an approach that can help to develop resilience. *Nurse Researcher*, **17**(3), pp. 17-25.
- Easterling, P. (2014) *The Cambridge companion of Greek tragedy*. Cambridge: Cambridge University Press.
- Edwards, S. D. (1998a) The art of nursing. *Nursing Ethics*, **5**(5), pp. 393-400.
- Edwards, S. D. (1998b) *Philosophical issues in nursing*. London: Palgrave.
- Emden, C. and Sandelowski, M. (1999) The good, the bad and the relative, part 2: Goodness and the criterion problem in qualitative research. *International Journal of Nursing Practice*, **5**(1), pp. 2-7.
- Fairbairn, G. and Carson, A. (2002) Writing about nursing research: A story telling approach. *Nurse Researcher*, **10**(1), pp. 7-14.
- Finfgeld-Connett, D. (2005) Clarification of social support. *Journal of Nursing Scholarship*, **37**(1), pp. 4-9.
- Finlay, L. (2002a) Negotiating the swamp: the opportunity and challenge of reflexivity in research practice. *Qualitative Research*, **2**(2), pp. 2069-230.
- Finlay, L. (2002b) "Outing" the researcher: The provenance, process and practice of reflexivity. *Qualitative Health Research*, **12**(4), pp. 531-545.
- Foucault, M. (1972) *The archaeology of knowledge*. New York: Random House.
- Francis, R. (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: The Stationery Office.
- Frank, A. (1995) *The wounded storyteller: Body, illness and ethics*. Chicago: University of Chicago Press.
- Frank, A. (2000) The standpoint of a storyteller. *Qualitative Health Research*, **10**(3), pp. 354-365.
- Frank, A. (2010) *Letting stories breathe: A socio- narratology*. Chicago: University of Chicago Press.
- Friad, L., Ohlsen, J. and Berghom, I. (2000) On the use of narratives in nursing research. *Journal of Advanced Nursing*, **32**(3), pp. 695-703.
- Gaarder, J. (1995) *Sophie's World*. London: Phoenix House.

- Gannon, S. (2001) (Re) presenting the collective girl: A poetic approach to a methodological dilemma. *Qualitative Inquiry*, **7**(6), pp. 787-800.
- Gayle, K., Speedy, J. and Wyatt, J. (2010) Gatecrashing the oasis? A joint doctoral dissertation play. *Qualitative Inquiry*, **16**(1), pp. 21-28.
- Gergen, K. and Gergen, M. (1984) *Historical social psychology*. Lawrence Erlbaum: New Jersey.
- Gerrish, K. and Lacey, A. (2010) *The research process in nursing*. 6th ed. Oxford; Blackwell Wiley.
- Giddens, A. (1979) *Central problems in social theory: Action, structure and contradiction in social analysis*. London: Macmillan Press.
- Godson, R. (2011) Wales now points the way forward. *Community Practitioner*, **84** (5) p.3.
- Godson, R. (2013a) Making sure that local authorities are aware of the school nurses' role. *British Journal of School Nursing*, **8**(7), pp. 346-348.
- Godson, R. (2013b) Funding for school nursing services. *British Journal of School Nursing*, **8**(4) p. 204.
- Godson, R. (2013c) School Nurse 121 Campaign. *Community Practitioner*, **86**(4), p. 18.
- Godson, R. (2014) School Nurse 121 Campaign. *Community Practitioner*, **87**(8), p. 20.
- Goffman, E. (1990) *The presentation of self in everyday life*. London: Penguin Books.
- Gough, B. (2003) Deconstructing reflexivity. in Finlay, L. and Gough, B. (eds) *Reflexivity: A practical guide for researchers in health and social sciences*. Oxford: Blackwell Publishing, pp. 21-36.
- Gough, D. (2007) Weight of evidence: A framework for the appraisal of the quality and relevance of evidence. in Furlong, J. and Oancea, A. (eds) *Applied and Practice Based Research. Research Papers in Education*, **22** (2), pp. 213-228.
- Graham, I. and Partlow, C. (2004) Introducing and developing nurse leadership through a learning set approach. *Nurse Education Today*, **24**(6), pp. 459-465.
- Gray, B. (2009) The emotional labour of nursing. Defining and managing emotions in nursing work. *Nurse Education Today*, **29**(2), pp. 168-175.
- Green, H. (2014) Use of theoretical and conceptual frameworks in qualitative research. *Nurse Researcher*, **21**(6), pp.34-38.

Green, H., McGinnity, A., Meltzer, H., Ford, T. and Goodman, R. (2005) *Mental health of children and adolescents in Great Britain 2004*. Basingstoke: Palgrave MacMillan

Greenhalgh, T. (2010) *How to read a paper: The basics of evidence based medicine*. 4th ed. London: BMJ.

Grumet, M.R. (1981) Restitution and reconstruction of educational experiences: an autobiographical method for curriculum theory. in Lawn, M. and Barton, L. (eds) *Rethinking curriculum studies: A radical approach*. London: Croom Helm, pp. 115-130.

Haddad, M. Butler, G., Tylee, A. (2010) School nurses' involvement, attitudes and training needs for mental health work. *Journal of Advanced Nursing*, **66**(11), pp. 2471-2480

Hanauer, D. (2010) *Poetry as research: Exploring second language poetry writing*. USA: John Benjamin Publishing.

Hansen, E. (2006) *Successful qualitative health research: A practical introduction*. Berkshire: Open University Press.

Harris, B. (1995) *The Health of the School Child: A history of the school medical service in England and Wales*. Buckingham: Open University Press.

Hautala J. (2011) *Haiku STAT! A Poetic Look at the Harsh Realities of Emergency Medicine*. CreateSpace Independent Publishing Platform. [online] [Accessed 28/2/14]. Available at http://tdn.com/lifestyles/er-nurse-deals-with-harsh-working-conditions-through-haiku/article_73d8da04-189d-11e1-8fb1-001cc4c03286.html.

Health Education England (2015) *Investing in people for health and healthcare: Workforce plan for England. Proposed education and training commissions for 2015/16*. London: HEE.

Health Visitors Association (1995) *Action for school health: An HVA Guide*. London: HVA.

Henderson, A. (2001) Emotional labour and nursing: An underappreciated aspect of caring work. *Nursing Inquiry*, **8**(2), pp. 130-138.

Hendry, P. M. (2010) Narrative as Inquiry. *The Journal of Educational Research*, **103**, 72-80

Henshaw, P. (2012) Technology at the heart of the new school nursing strategy. *British Journal of School Nursing*, **7**(3), p. 110.

Hinson-Lanford, C.P., Bowsher, J., Moloney, J.P. and Lillis, P.P. (1997) Social Support: a concept analysis. *Journal of Advanced Nursing*, **25** (1), pp. 95-100.

HM Government (2010) *Healthy Lives: Healthy People. Our strategy for public health in England*. London: HM Government.

HM Government (2013) *Working together to safeguard children: A guide to interagency working to safeguard and protect welfare of children*. London: HM Government.

Hochschild, A. (1983) *The managed heart: Commercialisations of human feeling*. Berkeley: University of California Press.

Holloway, I. (2005) Qualitative Writing. in Holloway, I. (ed) *Qualitative Research in Health Care*. Berkshire; Open University Press, pp. 270-286.

Holloway, I and Freshwater, D. (2007) *Narrative research in nursing*. Oxford: Blackwell Publishing.

Holloway, I. and Wheeler, S. (2002) *Qualitative Research in Nursing*. 2nd ed. Oxford: Blackwell Publishing.

Holmstrom, M.R., Asplund, K. and Kristiansen, L. (2013) Promoting a relationship based health practice: A challenge for school nurses. *British Journal of School Nursing*, **8**(1), pp. 30-38.

Holt, J. (1998) The unexamined life is not worth living. in Edwards, S.(ed) *Philosophical issues in nursing*. Hampshire: MacMillian Press, pp. 132-144.

Holyoake, D.D (2012) *Episode 2 CAMHSville: The small town counselling history*. Brockmoor: Happy Fool Publishing Company.

Holyoake, D. and Golding, E. (2012) Multiculturalism and solution-focused psychotherapy: an exploration of the non-expert role. *Asia Journal of Counselling and Psychotherapy*, **1**(10), pp. 1-10.

Hornbrook, D. (ed) (1998) *Introduction: On the subject of drama*. London: Routledge.

Houghton, C., Casey, D., Shaw, D. and Murphy, K. (2013) Rigour in qualitative case study research. *Nurse Researcher*, **20**(4), pp. 12-17.

Hudacek, S.S. (2004) *Making a difference: Stories from the point of care. Volume 2*. Indianapolis: Sigma Theta Tau International.

Hudacek, S.S. (2008) Dimensions of Caring: A qualitative analysis of nurses' stories. *Journal of Nursing Education*, **47**(93), pp. 124-129.

Hunt, C. (2006) Travels with a turtle: Metaphors and the making of a professional identity. *Reflective Practice*, **7**(3), pp. 315-332.

Hunt, C. (2010). A step too far? From professional reflective practice to spirituality. in H. Bradbury, N. Frost, S. Kilminster & M. Zukas. (eds.) *Beyond reflective practice: new approaches to professional lifelong learning*. New York: Routledge, pp.155-169.

Hunter, L.P (2002) Poetry as an aesthetic expression for nursing: A review. *Journal of Advanced Nursing*, **40**(2), pp. 46-51.

Ingram, J. and Salmon, D. (2010) Young people's use and views of a school-based sexual health drop-in service in areas of high deprivation. *Health Education Journal*, **69**(3), pp. 227-235.

Interdepartmental Committee on Physical Deterioration (1904) *Report of the Interdepartmental Committee on Physical Deterioration. Cmd 2175. Vol.1.* London: HMSO.

James, N. (1993) Divisions of emotional labour. in Fineman, S. (ed) *Emotion in organisations*. London: Sage Publications, pp. 259-269.

Jetten, P. (2011) Developing empathy in school staff through emotional first aid. *British Journal of School Nursing*, **6**(7), pp. 353-355.

Johns, C. (1998) Opening the doors of perception. in Johns, C and Freshwater, D. (eds) *Transforming nursing through reflective practice*. Oxford: Blackwell Science. pp. 1-20.

Johns, C. (2002) *Guided reflection: Advancing practice*. Oxford: Blackwell Publishing.

Johnson, J. L. (1991) Nursing Science: Basic, applied or practical? Implications for the art of nursing. *Advances in Nursing Science*, **14**(1), pp. 7-16.

Johnson, S. (1977) For and against the Court Report. *Education*, pp. 248-249.

Kari,J., Donovan, C., Li, Jun., and Taylor, B. (1998) School and practice nurses: An underutilised resource. *British Journal of Community Nursing*, **3**(8), pp. 405-407.

Kay, C. M., Morgan, D. L., Tripp, J. H., Davies, C. and Sykes, S. (2006) To what extent are school drop-in clinics meeting pupils' self-identified health concerns? *Health Education Journal*, **65**(3), pp. 236-251.

Kelly, N., Greaves, C., Buckland, L. and Rose, J. (2005) School nurses: well placed to address challenging behaviour. *Community Practitioner*, **78**(3), pp. 88-92.

Kendal, S., Keeley, P. and Callery, P. (2011) Young people's preferences for emotional wellbeing support in high school: A focus group study. *Journal of Child and Adolescent Psychiatric Nursing*, **24**(4), pp. 245-253.

Kenney, J.W. (1996) *Philosophical and theoretical perspectives for advanced nursing practice*. London: Jones and Bartlett.

Kiddy,M . and Thurtle, V. (2002) From chrysalis to butterfly- the school nurse role. *Community Practitioner*, **75**(8), pp. 295-298.

Kisker, E.E. and Brown, R.S. (1996) Do school based health centers improve adolescents access to health care, health status and risk taking behaviour? *Journal of Adolescent Health*, **18**(5), pp. 335-343.

Koch, T. (1998) Story telling: is it really research? *Journal of Advanced Nursing*, **28** (6), pp. 1182-1190.

Koch, T. (2004) Establishing rigour in qualitative research: the decision trail. *Journal of Advanced Nursing*, **19**(5), pp. 976-986.

Krause-Parello, C.A. (2008) Loneliness in the school setting. *The Journal of School Nursing*, **24**(2), pp. 66-70.

Kuntz, A.M (2010) The politics of space in qualitative research in Savin- Baden, M. and Howell-Major, C. (eds) *New approaches to qualitative research: Wisdom and Uncertainty*. Oxford: Routledge, pp. 145-153.

Kvale, S. (1996) *Interviews: An introduction to qualitative research interviewing*. Thousand Oaks: Sage.

Lahman M.K.E., Rodriguez K.L., Richard V.M. (2011) (Re)Forming research poetry. *Qualitative Inquiry*, **17**(9), pp. 887-896.

Laming, H. (2003) *The Victoria Climbe Inquiry: Report*. Norwich: The Stationary Office.

Laming, H. (2009) *The protection of children in England: A progress report*. London: The Stationery Office.

Langaard, K. and Toverud, R. (2010) Youth counselling in school health services: The practice of intentional attentiveness. *Nursing Science*, **98**(30), p. 4

Lapum, J., Hamzavi,N., Velijkovic.K., Mohamed.Z., Pettinato, A., Silver, S. and Taylor, E. (2012) A performative and poetical narrative of critical social theory in nursing education: an ending and threshold of social justice. *Nursing Philosophy*, **13**(1), pp. 27-45.

Leff, S and Leff, V. (1959) *The School Health Service*. London: Lewis.

Leighton, S., Worraker, A. and Nolan, P. (2003a) School nurses and mental health: Part 1. *Mental Health Practice*, **7**(4), pp. 14-16.

Leighton, S., Worraker, A. and Nolan, P. (2003b) School nurses and mental health: Part 2. *Mental Health Practice*, **7**(4), pp. 17-20

Lewis, I. and Lenehan, C. (2012) *Report of the children and young people's health outcomes forum*. Children and young people's health outcomes strategy. Place of publication unknown.

Lightfoot, J and Bines, W. (1997) *Keeping Children Healthy: The role of school nursing*. University of York: Social Policy Research Unit.

Lincoln, Y.S and Guba, E.G. (1985) *Naturalistic Inquiry*. Beverly Hills: Sage.

- Linney, B.J. (2000) Can you take your soul to work? *The Physician Executive*, **26**(2) pp. 59-62.
- Lohan, J.A. (2006) School nurses' support for bereaved students: A pilot study. *The Journal of School Nursing*, **22**(1), pp. 48-52.
- Longman Dictionary (2009) *Longman Dictionary of Contemporary English*. 5th ed. London: Longman Publishers.
- Lumby, J. (1998) Transforming nursing through reflective practice. in Johns, C. and Freshwater, D. (eds) (1998) *Transforming nursing through reflective practice*. Oxford: Blackwell Science, pp. 91-103.
- Lyons, J. and Rabie, G. (2014) Empowering adolescents and the wider community to recognise adolescent relationship abuse. *British Journal of School Nursing*, **9**(3), pp. 131-140.
- Madden, B. (2002) Working with women following traumatic childbirth. in Johns, C. (ed) *Guided reflection: Advancing practice*. Oxford: Blackwell Publishing.
- Madge, N. and Franklin, A. (2003) *Change, challenge and school nursing*. London: National Children's Bureau.
- Marmot, M. (2010) *Fair society, healthy lives. The Marmot Review*. London: DH.
- Matthews, J. (2014) Voices from the heart; the use of digital storytelling in education. *Community Practitioner*, **87**(1) pp. 22-24.
- Matthew, C. T. and Sternberg, R. J. (2009) Developing experience-based (tacit) knowledge through reflection. *Learning and Individual Differences*, **19**(4), pp. 530-540.
- Maughan, E. (2003) The impact of school nursing on school performance.: A research synthesis. *The Journal of School Nursing*, **19**(3), pp. 163-171.
- McCance, T. V. McKenna, H. P. and Boore, J. R. P. (2001) Exploring caring using narrative methodology: an analysis of approach. *Journal of Advanced Nursing*, **33**(3), pp. 350-356.
- McEwan, H. and Egan, K. (1995) *Narratives in teaching, learning and research*. New York: Teachers College Press.
- Mcvicar, A. and Caan, W. (2005) Research capability in doctoral training: Evidence for increased diversity of skills in nursing research. *Journal of Research in Nursing*, **10**(6), pp. 627-646.
- Membridge, H., McFadyen, J. and Atkinson, J. (2015) The challenge of meeting children's mental health needs. *British Journal of School Nursing*, **10** (1), pp. 19-25.

- Merrell, J., Carnwell, R., Williams, A., Allen, D. and Griffiths, L. (2007) A survey of school nursing provision in the UK. *Journal of Advanced Nursing*, **59**(5), pp. 463-473.
- Miles, M. and Huberman, A. M. (1994) *Qualitative Data Analysis*. 2nd ed. California: Sage Publications.
- Minichiello, V. and Kottler, J. (2010) An overview of the qualitative journey. in Minichiello, V. and Kottler, J. (eds) *Qualitative journeys: Student and mentor experiences with research*. California: Sage Publications, pp. 11-32.
- Moles, K. (2008) A walk in Thirdspace: Place, methods and walking. *Sociological Research Online*. **13** (4) 2.[online] [Accessed 18/4/13] Available at www.socresonline.org.uk/13/4/2.
- Momoh, C. (2011) Protecting pupils from female genital mutilation. *British Journal of School Nursing*, **6**(3), pp. 116-118.
- Morberg, S., Lagerstrom, M. and Dellve, L. (2012) The school nursing profession in relation to Bourdieu's concepts of capital, habitus and field. *Scandinavian Journal of Caring Sciences*, **26**(2), pp. 355-362.
- Munhall, P.L. (2007) Ethical considerations in qualitative research. in Munhall, P. L (ed) *Nursing Research: A qualitative perspective*. 4th ed. Boston: Jones and Bartlett, pp. 491-502.
- Munhall, P. L. (2012) *Nursing Research: A qualitative perspective*. 5th ed. MA: Jones and Bartlett Learning.
- Murray, J.S. (2000) A concept analysis of social support as experienced by siblings of children with cancer. *Journal of Pediatric Nursing*, **15**(5), pp. 313-322.
- National Forum of School Health Educators (2014) *Use of poetry with school nursing curricula?* Unpublished
- National Institute for Clinical Excellence (NICE) (2008) *Promoting children's social and emotional wellbeing in primary education*. London: NICE.
- Nelson, M. and Quinney, D. (1997) Evaluating a school-based health clinic. *Health Visitor*, **70**(11), pp. 419-421.
- Newman, M.A. (1992) Prevailing paradigms in nursing. *Nursing Outlook*, **40**(1), pp. 10-32.
- Nicholson, H. and Taylor, R. (1998) The choreography of performance. in Hornbrook, D. (ed) (1998) *On the subject of drama*. London: Routledge, pp. 47-62.
- Nordman, Y., Kasen, A. and Eriksson, K. (1998) Reflective practice – a way to the patient's world and caring, the core of nursing. in Johns, C. and Freshwater, D. (eds) *Transforming nursing through reflective practice*. Oxford: Blackwell Science, pp.161-176.

Norman, A. (2010) Education based support for self harming adolescents. *British Journal of School Nursing*, 5(10), pp. 503-507.

Noy, C. (2003) The write of passage: Reflections on writing a dissertation in narrative methodology. *Forum: Qualitative Social Research*. 4 (2), pp.1-20.

Nursing and Midwifery Council (2004) *Standards of Proficiency for Specialist Community Public Health Nurses*. London: NMC.

Nursing and Midwifery Council (2008a) *Statistical Analysis of the Register. 2007-2008*. London: NMC.

Nursing and Midwifery Council (2008b) *Standards of conduct, performance and ethics for nurses and midwives*. London: NMC.

Nursing and Midwifery Council (2008c) *Standards to support learning and assessment in practice*. 2nd ed. London: NMC.

Nursing and Midwifery Council (2009) *Record keeping: Guidance for nurses and midwives*. London: NMC

Office for National Statistics (2004) *Mental Health of children in Great Britain*. Palgrave MacMillian

O'Connor, S. (2012) School nursing: promoting self-esteem in adolescents. *Community Practitioner*, 85(1), pp. 35-36.

O' Neill, C. and Lambert, A. (1982) *Drama structures*. Cheltenham: Stanley Thornes.

O'Toole, P. (2010) Locating spaces in qualitative research in Savin- Baden, M. and Howell-Major, C. (eds) *New approaches to qualitative research: Wisdom and Uncertainty*. Oxford: Routledge, pp. 121-130.

Owen, J., Carroll, C., Cooke, J., Formby, E., Hayter, M., Hirst, J., Lloyd Jones, M., Stapleton, H., Stevenson, M and Sutton, A. (2010) School linked sexual health services: a survey and systematic review concerning current models, effectiveness, cost effectiveness and research opportunities. *Health Technology Assessment*, 14 (30), pp. 1-223.

Oxford Advanced Learner's Dictionary (2007) 7th ed. Oxford: Oxford University Press.

Oxford Dictionary of Current English (2006) 4th ed. Oxford: Oxford University Press.

Oxford English Dictionary (2000) 2nd ed. Oxford: Clarendon Press.

- Palfe, J., Tonniges, T., Green, M. and Richmond, J. (2005) Introduction: Addressing the millennial morbidity- The context of community pediatrics. *Pediatrics*, **115**(3), pp. 1121-1123.
- Paniagua, H. (2004) Can the underlying principles of art be applied to nursing? *British Journal of Nursing*, **13**(4), pp.220-223.
- Parahoo, K. (2006) *Nursing Research: Principles, Process and Issues*. 2nd. Ed. Hampshire: Palgrave MacMillan.
- Pavletic, A.C. (2011) Connecting with frequent adolescent visitors to the school nurse through the use of intentional interviewing. *The Journal of School Nursing*, **27**(4), pp. 258-268.
- Pearson C. and Rabie, G. (2010) The importance of providing supportive sexual health services. *British Journal of School Nursing*, **5**(5), pp. 240-244.
- Peckham, S. and Carlson, C. (2003) Bringing health care to schools. *Nursing Standard*, **17**(20), pp. 33-38.
- Peplau H.E. (1988) The art and science of nursing: Similarities, differences and relationships. *Nursing Science Quarterly*, (1), pp. 8-15.
- Polanyi, M. (1998) *Personal Knowledge. Towards a Post Critical Philosophy*. London: Routledge.
- Polit, D. and Beck, C. (2004) *Nursing research: Principles and methods*. 7th ed. Philadelphia: Lippincott.
- Polit, D, and Hungler, B. (1993) *Essentials of nursing research: methods, appraisal and utilization*. 3rd ed. Philadelphia: Lippincott.
- Polkinghorne, D. E. (1988) *Narrative Knowing and the Human Sciences*. New York: State University of New York Press.
- Polkinghorne, D. E. (1995) Narrative configuration in qualitative analysis. in Hatch, A and Wisniewski, R. (eds) *Life history and narrative*. London: Routledge, pp. 5-24.
- Prymachuk, S., Graham, T., Haddad, M. and Tylee, A. (2011) School nurses' perspectives on managing mental health problems in children and young people. *Journal of Clinical Nursing*, **21**(5), pp. 850-859.
- Public Health England (2015) *Improving young people's health and wellbeing: A framework for public health*. London: PHE Publications.
- Putney, L. and Malin, C. (2010) When serendipity meets opportunity: Qualitative dimensions of teacher perceptions. in Minichiello, V. and Kottler, J. (eds) *Qualitative journeys: Student and mentor experiences with research*. California: Sage Publications, pp. 89-102.

Raingruber, B. (2004) Using poetry to discover and share significant meanings in child and adolescent mental health nursing. *Journal of Child and Adolescent Psychiatric Nursing*, **17**(1), pp. 13-20.

Rice, P. and Ezzy, D. (1999) *Qualitative Research Methods: A health focus*. Melbourne: Oxford University Press.

Richardson, L. (1990) Narrative and Sociology. *Journal of Contemporary Ethnography*, **19**(1), pp.116-135.

Richardson, L. and St. Pierre, E. (2005) Writing a method of inquiry. in Denzin, N.K and Lincoln, Y.S (eds) *Handbook of qualitative research*. 3rd ed. California: Sage, pp.954-978.

Rickwood, D., Deane, F., Wilson, C and Ciarrochi, J. (2005) Young people's help seeking for mental health problems. *Australian e-Journal for the Advancement of Mental Health*, **4**(3), pp. 1-10.

Riessman, C. (1993) *Narrative Analysis*. London: Sage Publications.

Riley, T and Hawe, P.(2005) Researching Practice: the methodological case for narrative inquiry. *Health Education Research*, **20**(2), pp. 226-236.

Robin, B.R. (2008) Digital storytelling: A powerful technology tool for the 21st century classroom. *Theory into Practice*, **47**(1), pp. 220-228.

Roehrig, M.J. (1995) Disorders of children and adolescents. in Fontaine, K. and Fletcher, J.S. (eds) *Essentials of Mental Health Nursing*. New York: Addison- Wesley, pp. 89-101.

Rolfe, G. (1996) *Closing the theory-practice gap*. Oxford: Butterworth: Heinemann.

Rolfe, G., Freshwater, D. and Jasper, M. (2001) *Critical Reflection for Nursing and the Caring Professions. A User's Guide*. Hampshire: Palgrave McMillan.

Rowe, N. (2003) Researcher as storyteller and performer: parallels with playback theatre. in Finlay, L. and Gough, B. (eds) *Reflexivity a practical guide for researchers in health and social sciences*. Oxford: Blackwell Publishing, pp. 187-199.

Rowe, R.C. (2000) Poetry and verse: An ideal medium for scientific communication. *Drug Discovery Today*, (5), pp. 436-437.

Rowling, L. (2009) Adolescence and emerging adulthood. in Cattan, M. and Tilford, S. (eds) *Mental Health Promotion: A lifespan approach*. Berkshire: OU Press. pp. 100-136.

Royal College of Nursing (2004) *Children and young people's mental health: every nurse's business*, London: RCN.

Royal College of Nursing (2005) *School nurses overstretched and under resourced*. London: RCN.

Royal College of Nursing (2009) *Mental Health in Children and Young People*. London: RCN.

Royal College of Nursing (2014) *Defining nursing*. London: RCN.

Ryan-Nicholls, K.D. and Will, C.I. (2009) Rigour in qualitative research: mechanisms for control. *Nurse Researcher*, **16**(3), pp. 70-85.

Sandelowski, M. (2004) Using qualitative research. *Qualitative Health Research*, **14**(10), pp. 1366-1386.

Sandelowski, M., Trimble, F., Woodward, E. (2006) From synthesis to script: transforming qualitative research findings for use in practice. *Qualitative Health Research*, **16**(10), pp. 1350-1370.

Savin-Baden, M. (2004) Achieving reflexivity: Moving researchers from analysis to interpretation in collaborative inquiry. *Journal of Social Work Practice*, **18**(3), pp. 365-378.

Savin-Baden, M. (2009) Researching on the edge: working at the borders of 'real' and 'immersive' spaces. *4th International Inquiring Pedagogies Conference: Researching beyond boundaries: academic communities without borders*. 14-15 September. Coventry University. pp.1-17.

Savin-Baden, M. (2010) Changelings and shape shifters? Identity play and pedagogical positioning of staff in immersive worlds. *London Review of Education*, **8**(1), pp. 25-38.

Savin-Baden, M., Gourlay, L. and Tombs, C. (2010) Researching in immersive spaces. in Savin- Baden, M. and Howell-Major, C. (eds) *New approaches to qualitative research.: Wisdom and Uncertainty*. Oxford: Routledge. pp. 162-171.

Savin- Baden, M. and Howell-Major, C. (2010) Introduction. in Savin- Baden, M. and Howell-Major, C. (eds) *New approaches to qualitative research.: Wisdom and Uncertainty*. Oxford: Routledge. pp. 1-6.

Savin-Baden, M. and Van Niekerk, L. (2007) Narrative Inquiry: Theory and practice. *Journal of Geography in Higher Education*, **31**(3), pp. 459-472.

Savin-Baden, M., Tombs, G., Burden, D. and Wood, C. (2013) "It's almost like talking to a person: Student disclosure to pedagogical agents in sensitive settings. *International Journal of Mobile and Blended Learning*, **5**(2), pp. 78-93.

Sendall, M., Fleming, M., Lidstone, J. and Domocol, M. (2014) School based youth health nurses and attrition: the reasons for moving on. *Community Practitioner*, **87**(8), pp. 30-34.

Schon, D. (1991) *The Reflective Practitioner: How professionals think in action*. Hants: Arena Ashgate.

Schon, D. (1995) *The Reflective Practitioner: How professionals think in action*. 2nd ed. Hants: Arena Ashgate.

Schechner, R. (2002) *Performance studies: An introduction*. London: Routledge

Sherwin, S. (2012) School nurses hopes for the development programme. *British Journal of School Nursing*, 7(3), pp. 19-22.

Sherwin, S. (2013) *Narrative Inquiry: Mechanics or Content?* University of Brighton Conference. 31st May 2013. Engaging with Methodology: Diversity, Questions and Challenges.

Sherwin, S. (2014) *The performance of school nursing: Using poetic re-presentation to explore school nurses stories of providing emotional support to young people*. NEC Birmingham. 5-6th November 2014. CPHVA Annual Professional Conference.

Sherwin, S. (2015) To wear or not to wear? That is the question: Should school nurses wear uniform? *British Journal of School Nursing*, 10(3) pp.148-149.

Sherwin, S., Cross, V. and Holyoake, D. (2014) The pride and the passion: Poetic representations of school nursing practice. *British Journal of School Nursing*, 9(2), pp. 89-94.

Sherwin, S. and Smith, M. (2009) School nursing and school health practice. in Thornbory, G. (ed)) *Public Health Nursing: A textbook for health visitors, school nurses and occupational health nurses*. Oxford: Wiley Blackwell. pp. 126-152.

Sherwin, S. and Williams, A. (2007) Promoting health: Historical overview and political context. in Thurtle, V. and Wright, J. (eds). *Promoting the health of school age children*. London: Quay Books, pp. 25-42.

Silverman, D. (2013) *Doing qualitative research: A practical handbook*. 4th ed. London: Sage.

Smith, P. (1992) *The emotional labour of nursing*. London: Macmillian.

Smith, M. and Sherwin, S. (2009) The development of school nursing. In Thornbory, G. (ed) *Public Health Nursing: A textbook for health visitors, school nurses and occupational health nurses*. Oxford: Wiley Blackwell, pp. 100-125.

Sobande, M. (2013) Connecting and driving school nursing through social media. *British Journal of School Nursing*, 8(4), pp. 186-189.

Soja, E. (1996) *Thirdspace. Journeys to Los Angeles and other real and imagined spaced*. Malden: Blackwell.

Soja, E. (2006) Writing geography differently. *Progress in Human Geography*, (30) pp. 817-820.

Sparkes, A. C. (2005) Narrative analysis: exploring the what's and how's of personal stories. in Holloway, I. (ed) *Qualitative Research in Health Care*. Berkshire: OU Press, pp. 191-207.

Sparkes, A.C. and Douglas, K. (2007) Making the case for poetic representations: An example in action. *The Sport Psychologist*, (21), pp. 170-190.

Speedy, J. (2013) Where the wild dreams are: Fragments from the spaces between research, writing, autoethnography and psychotherapy. *Qualitative Inquiry*, **19** (27), pp. 27-34.

Spencer, N. (1998) *Progress in Community Health*. Vol.2. Edinburgh: Churchill Livingstone.

Spratt, J., Philip, K., Shucksmith, J., Kiger, A. and Gair, D. (2010) We are the ones that talk about difficult subjects; Nurses in schools working to support young people's mental health. *Pastoral Care in Education*, **28**(2) pp. 131-144.

Starkey, S. (2011) Discussing mobile phone safety with young people. *British Journal of School Nursing*, **6**(9) pp. 434-438.

Stengard, E. and Appelqvist-Schmidlechner, K. (2010) *Mental health promotion in young people- a investment for the future*. Copenhagen: WHO.

Stock, J., Larter, N., Kiechehefer, G., Thronson., G and Maire, J. (2002) Measuring outcomes of school nursing services. *The Journal of School Nursing*, **18**(6), pp. 353-359.

Stolow, R. and Atwood, G. (2002) *Contexts of being: The inter-subjective foundations of psychological life*. New Jersey: Analytic Press.

Stolz, P., Andersson, E. and Willman, A. (2007) Support in nursing- an evolutionary concept analysis. *International Journal of Nursing Studies*, **44**(8), pp. 1478-1489.

Streeter, J. (2010) Observations from QK. *Community Practitioner*, **83**(4), pp. 38-39.

Streubert, H.J and Carpenter, D.R. (1999) *Qualitative Research in Nursing: Advancing the humanistic imperative*. Philadelphia: Lippincott.

Suhrcke, M., Pillas, D. and Selai, C. (2007) *Economic aspects of mental health in children and adolescents*. Geneva: WHO/HSBC Forum.

Sutton, S. (2004) Reshaping a school health service. *Nursing Standard*, **18**(40), pp. 33-35.

The Chambers Dictionary (2006). 10th ed. Edinburgh: Chambers Harrup Publishers.

The Children's Society (2013) *The Good Childhood Report. 2013*. London: The Children's Society.

The Children's Society (2014) *The Good Childhood Report. 2014*. London: The Children's Society.

The Nursing and Midwifery Order (2001) Statutory Instrument No.253. [online] [Accessed 4/8/14]. Available at www.legislation.gov.uk

Thurtle, V. (2007) Children and young people what are they like. in Thurtle, V. and Wright, J. (eds) *Promoting the health of school age children*. London: Quay Books, pp.5-24.

Turkle, S. (2005) *The second self. Computers and the human spirit*. Massachusetts: MIT Press.

UNITE (2009) Fears over Government's school nurse pledge [online] [Accessed 12/8/13]. Available at http://archive.unitetheunion.org/news_events/archived_news_releases/2009_archived_press_releases/fears_over_government_s_school.aspx.

Urian, D. (1998) On being an audience: A spectator's guide. in Hornbrook, D. (ed) *On the subject of drama*. London: Routledge, pp. 34-41.

Voogd, C. (2010) School nurses are heroes too. *British Journal of School Nursing*, 5 (9), p. 421.

Voogd, C. (2011a) Academies: Boon or Bane? *British Journal of School Nursing*, 6 (9), p. 421.

Voogd, C. (2011b) Enquiry in public health white paper recommends key role for school nurses. *British Journal of School Nursing*, 6(4), p. 162.

Weaver, K. and Olson, J.K. (2006) Understanding paradigms used for nursing research. *Journal of Advanced Nursing*, 53(4), pp. 456-469.

Webster, L. and Mertova, P. (2007) *Using narrative inquiry as a research method*. London: Routledge.

Westminster Briefing (2013) *The changing role of school nurses: Delivering the new Government agenda conference*. The Congress Centre 17th July 2013. London: The House Magazine.

While, A.F. and Barriball, K.C. (1993) School Nursing: History, present practices and possibilities reviewed. *Journal of Advanced Nursing*, 18(8), pp. 1202-1211.

Whittington, R. (1992) Putting Giddens into action: Social systems and managerial agency. *Journal of Management Studies*, **29**(6), pp. 693-712.

Wicke, D., Coppin, R., Doorbar, P. and Le May, A. (2007) Every child matters, but what matters to them? Using teenagers' views to shape health services. *Journal of Children and Young People's Nursing*, **1**(3), pp. 129-136.

Wilson, P., Furnivall, J., Barbour, R., Connelly, G., Bryce, G., Phin, L. and Stallard, A. (2008) The work of health visitors and school nurses with children with psychological and behavioural problems. *Journal of Advanced Nursing*, **61**(4), pp. 445-455.

Wilstrand, C., Lindgren, B., Gilje, F., and Olofsson, B. (2007) Being burdened and balancing boundaries; a qualitative study of nurses caring for patients who self harm. *Journal of Psychiatric and Mental Health Nursing*, **14**(1), pp. 72-78.

Wiltshire, J. (1995) Telling a story, writing a narrative; terminology in health care. *Nursing Inquiry*, **2**(2), pp. 75-82.

Wisker, G. and Savin-Baden, M. (2009) Priceless conceptual thresholds: beyond the 'stuck' place in writing. *London Review of Education*, **7** (3), pp. 235-247.

World Health Organisation (WHO) (2007) *Caring for children and adolescents with mental health disorders: Setting WHO directions*. Geneva: WHO.

Yi Hsu, M. and McCormack, B. (2011) Using narrative inquiry with older people to inform practice and service developments. *Journal of Clinical Nursing*, **21**(5-6), pp. 841-849.

Young, S., Nixon, E., Hinge, D., McFadyen, J., Wright, V., Lambert, P., Pilkington, C., and Newsome, C. (2010) Action learning: A tool for development of strategic skills for nurse consultants. *Journal of Nursing Management*, **18**(1), pp. 105-110.

Young-Bradford, J. and O'Sullivan, P. (2007) The relationship between the use of health clinics in rural Mississippi schools and the CHIP-AE adolescent profile. *The Journal of School Nursing*, **23**(5), pp. 293-298.

YoungMinds (2009) *The YoungMinds Children and Young People's Manifesto*. London: YoungMinds.

APPENDIX 1

History of School Nursing

This section provides a chronicle of the historical development of school nursing in relation to its historical development from its inception to its current position today. Significant milestones and political influences are explored to help explain how the professional identity of school nursing has evolved and been shaped. It continues by exploring the context and background to this study providing an exploration of the importance of this research. For it to be meaningful, the context in which individual's practice must be recognised and acknowledged (Stolorow and Atwood, 2002). In addition postmodernists argue that knowledge is contextualised by its historical and contextual nature (Munhall, 2012).

Birth and development of the service

For over a hundred years there has been a provision for health within the British education system, and its origins can be traced back to the time of Charles Dickens and the health concerns of the late nineteenth century (Smith and Sherwin, 2009). During this period there was increasing concern about the health of the population, particularly in relation to towns and cities that had rapidly developed as a result of the Industrial Revolution (Denman *et al.*, 2002). Born out of this recognised need to ameliorate the health of the public, schools were seen to be an ideal setting to promote health. It was beginning to be acknowledged that to be healthy in childhood was important in order to provide a sound foundation for a healthy adulthood (Harris, 1995). Therefore it was during the late nineteenth century that the early beginnings of a school health service started to take shape. In 1890 a school medical officer was appointed in London and then two years later

the first school nurse was employed. In 1904 the Interdepartmental Committee on Physical Deterioration recommended that a national school health service should be established, staffed by qualified nurses and medical doctors. These recommendations were made following concerns that approximately 60% of potential army recruits were physically unfit for duty. The main reasons were poor eyesight, dental caries, heart disease and unsatisfactory growth many of which had started during childhood (Leff and Leff, 1959).

The focus of the early school health service was largely reactive. It mainly concentrated on identifying existing physical health problems, detecting and treating poor hygiene and malnutrition and ameliorating (where possible) those with disability (Spencer, 1998). In the 1950's the role of the school nurse was largely concerned with screening, conducting hygiene inspections and providing advice relating to the control and treatment of infectious diseases. Interestingly though, Leff and Leff (1959) highlighted there were other aspects to the role such as providing support to teenage girls in relation to their emotional health and wellbeing:-

“ In secondary schools adolescent girls often consult her.....and she can do much to help them and relieve their anxiety” (Leff and Leff, 1959 p.122).

This remains a core provision of modern day school nursing, although interestingly the establishment of drop in clinics within secondary schools, where much of this support is provided, is considered to be a relatively recent development within the service.

In 1974 the school health service transferred from the control of Local Authorities to the National Health Service. Harris (1995) suggests that the reason for this

related back to 1907, when the Board of Education stated that the medical services for children should be unified and delivered based on the needs of the communities they serve. This demonstrates that the service had its roots firmly planted with the philosophy of public health. Interestingly in April 2013 the commissioning of school health services returned back to the remit of Local Authorities (DH, 2010a). The Court Committee Report (1976) was the first major review of child health services since the reorganisation in 1974 (Johnson, 1977). It recommended that all children should receive a detailed medical examination on entering school by a school doctor and an annual interview with a school nurse. However, during the 1980's and 1990's the role of the doctor largely diminished, with school nurses taking on the responsibility for monitoring children's health within schools.

Relationship between school nurses and health visitors.

Until the early 1980s the role of the school nurse was often combined with that of a health visitor or they were employed as assistants to health visitors. Following publication of the Court Report, the role of the health visitor and school nurse began to separate out. Health visiting became more focused on the 0-5 year age group, with school nurses working with children from when they started school at 5 years up to the age of 16 years (Sherwin and Williams, 2007). However, arguably health visiting has always had a higher profile than school nursing. This is possibly because the workforce is much larger, but also because the role of the health visitor was protected within law until 2004 (The Nursing and Midwifery Order, 2001) which have led to inequities between the two professions.

Invisibility and capacity of the workforce

The school nursing service within England has often been described as being invisible, and has had a low profile within the nursing profession as much of the job is conducted outside of NHS settings (DeBell and Everett, 1997; Chase *et al.*, 2010). In addition, the service has a relatively small workforce in comparison to the numbers of health visitors and the number of school age children within the U.K and until recent years, did not really feature within health policy (Lightfoot and Bines, 1997). By the end of 1955 there were over six thousand school nurses working in England (Leff and Leff, 1959). However, a survey conducted by the Royal College of Nursing (Ball and Pike, 2005) found that this figure had dropped significantly with less than 3,000 school nurses (many of these working part time only) employed to cover the whole of the United Kingdom. Of these 3,000 only 865 were qualified school nurses holding the Specialist Community Public Health Nursing (SCPHN) qualification (NMC, 2004). This was set to change as the Department of Health in its document *Choosing Health* (DH 2004b) recommended that there should be a qualified school nurse for each secondary school and its primary schools. Unfortunately in many areas this guidance was not adopted and an investment in services did not take place (UNITE, 2009). However, with the last few years the numbers of qualified school nurses has slightly risen. A UK wide survey carried out by the Department of Health (DH, 2012) identified that in September 2011, the number of qualified school nurses was now estimated to be 1165. Of these 99% are female (NMC, 2006) and although this reflects the nursing profession, it is widely acknowledged that more men need to be recruited in order to support the health needs of young men (Ball and Pike, 2005). There is a current drive from the Department of Health to address this inequity. A school nursing

recruitment video has been produced by the Department of Health (2013) aimed at providing information on school nursing as career choice. In addition Health Education England (2015) have published an intention to increase the number of training places in 2015/16 by 71% which will add 340 extra qualified school nurses to the workforce. Yet this remains insignificant in comparison to the 4,200 extra health visitors recruited for a smaller population (DH 2011b).

Diversity of service delivery and structures

One of the major criticisms of school health services over the last century has been the diversity of service delivery. In 2000 there was an attempt by DeBell and Jackson to bring together some of the differences across the country. They suggested broad service objectives that could be the focus for all school health services and identified a multi skilled team structure incorporating a school nurse advisor, specialist practitioner team leader (all with the SCPHN qualification) as well as community staff nurses and support workers. This was generally a new way of thinking as until then school nursing services had a flat structure, with all of the nurses employed on the same pay grade doing the same roles. Although this strategy was not universally adopted initially, it paved the way for recent developments within school nursing and encouraged different areas to review their own levels of service provision and introduce change. Many teams now adopted similar structures but despite these changes it is still a very small workforce with each school nurse holding an approximate caseload of 2500-3500 children, covering an average of seven schools (Ball, 2009). Caseloads of this size are challenging with the demands on the service increasing in terms of safeguarding and child protection work (Chase *et al.*, 2010). The tragic deaths of

Victoria Climbe (Laming, 2003), Baby P (Laming, 2009) and Khyra Ishaq (Birmingham Safeguarding Children's Board, 2010) among others, has meant that the safeguarding and child protection aspects of the school nursing role has significantly increased.

Mandatory interventions such as the National Child Measurement Programme (DH, 2006) and immunisation programmes have to be carried out, as well as trying to meet the increasing needs of young people such as those with mental health and emotional issues. As the size of the workforce has not increased in line with these extra demands, invariably school nursing services have had to prioritise their work and reduce the amount of health promotion and public health initiatives they can offer.

School nurse title

The title of 'school nurse' has been contested and debated over the years. Anecdotally many see the title school nurse as conjuring up images of children lining up for head lice inspections. The term "Nitty Nora" is often used to describe school nurses, despite the fact that head lice inspections have not been carried out by school nurses for more than 20 years. In addition some schools (both state and independent) employ their own school nurses or matrons some of who are not actually registered nurses but who provide first aid within schools. Some areas have made an attempt to change the name to 'school health advisors', 'school nurse advisors', 'school nurses for children and young people' and 'public health nurses for school age children' amongst others. However, this leads to inconsistency and a lack of clarity for the public and others about the role.

Education and training.

In 2004 school nursing training and education came further into line with other public health nurses (NMC, 2004) and in order to be 'qualified', school nurses have had to undertake training as specialist community public health nurses (SCPHN). Completion of the qualification leads to entry onto Part 3 of the Nursing and Midwifery Council Nursing Register. Smith and Sherwin (2009) describe school nurses as being "arguably ecstatic" that they finally had the opportunity to gain the same national recognition on a par with their health visiting colleagues. The qualification is a 52 week fulltime course at either degree or master level and is 50% theory based and 50% practice based. Students have to complete a number of written academic assignments as well as complete a practice document detailing their competence in practice which is assessed by a practice teacher, who has undertaken additional training in assessment (NMC, 2008c). Obtaining this SCPHN qualification is now seen as the gateway into school nursing and is considered to be essential, if school nurses wish to develop their career within their field of practice, and become clinical team leaders, practice teachers for school nursing or wish to specialise in safeguarding, sexual health or emotional health.

(References please see main reference list)

APPENDIX 2

Mapping of module learning outcomes and definitions of the terms unique and original to the research study

Learning outcomes of the module	Definitions of unique and original (Sources: Longman Dictionary of Contemporary English 2009; The Chambers Dictionary 2006; Oxford Dictionary 2000)	The research study
Demonstrate the systematic acquisition and understanding of a substantive professional body of knowledge.	Adding to body of knowledge in a way not done before.	<ul style="list-style-type: none"> -Insight into what it means to provide support to young people by school nurses. -Implications for school nursing practice considered and recommendations presented.
<p>Demonstrate a detailed understanding of research techniques and advanced academic enquiry.</p> <p>Creatively design and undertake an ethically approved project demonstrating high level research skills.</p>	Taking a new technique and applying it to new area, different from others in ideas.	<ul style="list-style-type: none"> -Use of narrative inquiry and poetic re-presentations to tell school nurses stories. -Use of the central metaphor of performance to structure the work. -Ethical approval obtained, documentation provided in appendices.
Develop increased capacity for original constructive critique and analysis	Empirical work not undertaken before.	-New research into how school nurses provide emotional support to children and young people.
<p>Develop personal and professional skills, fostering reflective practice and the ability to manage complex problems in practice.</p> <p>Communicate through the dissemination of work that is of publishable quality.</p>	Produced by a person that has not copied from any other source. Creative and independent work.	<ul style="list-style-type: none"> -Signed statement that the work has not been copied. -Inclusion of reflexive discussion demonstrates development of creative thinking, decision making and how challenges were overcome. -Successful publication of an article in a peer reviewed professional journal. -Dissemination at national conference

APPENDIX 3

Background of the researcher

It seems appropriate to share my own story and position myself within the study in order to demonstrate transparency. Soon after qualifying as a registered nurse I applied for a job as a school nurse. I worked as a school nurse within the NHS for fifteen years, latterly as a school nurse team leader and practice teacher. In 2000 I was offered a post at the University as a school nurse lecturer practitioner and then moved to work full time at the University in 2006 undertaking the role of school nurse course leader. During this time I completed a Master's Degree in Education with my research focus on the relationship between school nursing students and their practice teachers. School nursing has been part of almost the whole of my professional working life. I am deeply committed to playing a part by educating and training school nurses to enable them to be able to meet the health needs of young people, particularly those needing additional support in times of distress and crisis.

APPENDIX 4

Details of literature search strategy

An extensive literature search was conducted using the University OPAC system to access a number of different electronic databases. These included Pubmed, Cochrane, Google Scholar, Ovid, Medline, Cinhal, British Nursing Index, Swetswise, Psychology and Behavioural Science and Web of Knowledge. Explicit eligibility criteria for inclusion and exclusion were identified. Inclusion and exclusion criteria are required to enable judgements to be made and to ensure that the studies are specific in relation to the review question (Gough, 2007). Papers were only included if they were written in English due to the potential difficulties in trying to obtain an accurate translation from other languages. Only full text articles were considered; unpublished studies, abstracts and articles published in non-peer reviewed journals were not included. There has been a paradigmatic shift from a medical to a social model of delivery in relation to the provision of child health services over recent years (Debell and Tomkins, 2006). Therefore material was only included for the time period 1995 -2014 in order to ensure the most available and up to date literature was considered and reflects the modern day role of the school nurse.

The key words used were **school nurse, emotional health, mental health, support, children and young people, drop in clinic, school based health clinic.** The search strategy built up sets of terms using Boolean operator “or” and then were joined together using “and” in order to retrieve appropriate articles. Wildcards and variant spellings were considered to try and ensure the searches

were as comprehensive as possible. For example the term school nurse was searched using school nurs* in order to pick up school nurse, school nurses, school nursing. Consideration was given to the use of variant spellings such as “centre” (UK spelling) as opposed to “center” (USA spelling).

APPENDIX 5

Summary of papers reviewed

Title	Author(s)	Year Publication	Publication	Type of paper	Setting	Intervention	Study Design	Outcome	Theme
Lunchtime drop in clinics accessible in schools	Allen, B.	2007	<i>British Journal of School Nursing</i>	Research	UK	Experiences of school nurses providing school health based clinics. n= 28	Qualitative Principles of grounded theory Thematic content analysis Focus groups Individual interviews	Identified why pupils attend Location of clinic important Nurses need appropriate training to support emotional health needs	Role Access
School-based health centers: improving access and quality of care for low-income adolescents	Allison, M. A., Crane, L. A., Beaty, B. L., Davidson, A. J., Melinkovich, P. and Kempe, A	2007	Pediatrics. 120(4), pp.887-894.	Research	USA	Examine adolescents use of school based clinics n = 3599	Retrospective cohort study Longitudinal Logistic regression analysis used	Accessibility cited as important	Access
Evidence based research on the value of school nurses in an urban school system.	Baisch, M., Lundeen, S. and Murphy, K.	2011	Journal of School Health. 81(2) pp.74-80.	Research	USA				Impact
School based youth health nurses' role in assisting young people access health services in provincial,	Barnes, M., Walsh, A., Courtney, M. and Dowd, T.	2004	Rural and Remote Health4 (279). P. 1-10.	Research	Australia	To explore referral role of school youth health nurses. n=44	Descriptive cross sectional survey Self report questionnaire	Identified reasons for pupils attending Nurses need additional skills to provide high	Nature of support

rural and remote areas of Queensland, Australia								level of support	
School nurse case management: Achieving health and educational outcomes.	Bonaiuto, M.M.	2007	The Journal of School Nursing. 23 (4) pp.202-208.		USA				Impact
Our school nurse. Young people's views on the role of the school nurse	British Youth Council	2011	British Youth Council.[online] accessed 18/7/13	Survey	London	To ascertain views of young people about the school nurse role	Online questionnaire Focus groups	Accessibility Confidentiality important	Accessibility Confidentiality
Danish pupils' perceived satisfaction with the health dialogue: Associations with the office and work procedures of the school health nurse	Borup, I	2000	Health Promotion International 15(4) p313-320	Research	Denmark	To identify how environmental factors perceived by pupils is associated with their satisfaction of a good health dialogue with the school nurse N=4026	Quantitative Multivariate logical regression	The environment is important where SN and the young person met and contributes to how supported the yp feels	
Schoolchildren who are victims of	Borup, I., Holstein, B.	2007	Health Education Journal 66(1)	Research	Sweden	Explores the effects of dialogues with	Cross sectional survey	SNs play an important role in supporting	

bullying report benefit from health dialogues with school health nurse			p.58-67			school nurses among schoolchildren who were victims of bullying N=5205	Random sampling	children who experience problems associated with bullying including stress and anxiety	
The school nurse as navigator of the school health journey: developing theory and evidence for policy	Brooks, F., Kendall, S., Bunn, F., Bindler, R., Bruya, M.	2007	Primary Health Care Research 8 p.226-234	Critical examination	UK	Rapid review of evidence of school nursing practice		Role of the SN in helping yp to navigate the SHS includes self care, support, decision making, co-ordination of care	Role
Promoting the health of children and young people through schools: the role of the nurse	Chase, E., Warwick, I., Hollingworth, K., Maxwell, C., Chalmers, H., Aggleton, P.	2010	Independent Report to DH	Research	UK	An examination of the ways in which nurses are enabled and supported to promote children's health in schools	Qualitative Telephone surveys, interviews	SNs face significant challenges in promoting the health and wellbeing of c/yp	Impact Access
School nurses: policies, working practices, roles and value perceptions	Croghan, E., Johnson, C. and Aveyard, P.	2004	Journal of Advanced Nursing. 47(4) pp 377-385.	Research	UK				
In a class apart: A study of school nursing.	DeBell, D and Everett, G.:	1997	City College Norwich	Research	UK				Role
Discovering the future of school	DeBell, D. Tomkins, A.	2006		Scoping Review	UK	To scope an overview of research into	Literature review	SNs are often the first port of call for help	Role

nursing: the evidence base						school nursing practice		regarding emotional problems. Further research into SN practice required	
Children's mental health and school success	DeScocio, J. and Hootman, J.).	2004	The Journal of School Nursing. 20 (4). pp. 189-196.		USA				Impact
The everyday realities of the multi-dimensional role of the high school community nurse	Downie, J., Chapman, R., Orb, A., Juliff, D.	2002	Australian Journal of Advanced Nursing 19(3) p.15-24	Research	Australia	To identify the various dimensions of the school nurse role N=9	Qualitative Interpretative analysis of diaries, focus groups	SN role was identified as providing clinical care, support, advocacy, liaison, health promotion, resource agent	Role
Title	Author(s)	Year Publication	Publication	Type of paper	Setting	Intervention	Study Design	Outcome	
School nurses' involvement , attitudes and training needs for mental health work	Haddad, M. Butler, G., Tylee, A.	2010	Journal of Advanced Nursing 66(11) pp.2471-2480	Research	UK	To identify school nurses views concerning the mental health aspects of their work	Cross sectional study Random sample n=700	SN spend over 25% of their time supporting yp with mental health problems. SN required further training	Nature of support
Promoting a relationship based practice: A challenge for	Holmstrom, M., Asplund,K., Kristiansen,L.	2013	British Journal of School Nursing 8(1) p30-38	Research	Sweden	To describe school nurses experiences of a health dialogue with	Qualitative descriptive study with latent content analysis	Health dialogue with yp is a useful tool to build a relationship	

school nurses						young people N=16		with yp but requires further development	
Mental health promoting dialogue of school nurses from the perspective of adolescent pupils	Johansson, A. Ehnfors, M.	2006	Nursing Science 82(26) p10-13	Research	Sweden	To describe the requisites of a mental health promoting dialogue with school nurses from the perspective of young people N=26	Qualitative Descriptive	YP thought trust, attentiveness, respect, accessibility and continuity were the most important aspects of the dialogue with SNs.	
Young people's use and views of a school-based sexual health drop-in service in areas of high deprivation.	Ingram, J. and Salmon, D.	2010	Health Education Journal. 69(3), pp.227-235.	Research	UK	To describe patterns and reasons for attendance and young people's views of drop in services N=515	Mixed methods Questionnaires Interviews	Confidentiality, accessibility important Some grps choose not to access services	Access Trust/confidentiality
School and practice nurses: an under utilised resource	Kari, J., Donovan, C., Li, J., Taylor, B.	1998	British Journal of Community Nursing 3(8) p.405-7	Research	UK	Perceptions of pupils about the role of school nurses and practice nurses N=347	Quantitative Questionnaires	Pupils did not seek out SNs and PNs for health advice and support.	Role
To what extent are school drop-in clinics meeting pupils' self- identified	Kay, C. M., Morgan, D. L., Tripp, J. H., Davies, C. and Sykes, S.	2006	Health Education Journal. 65(3), p.236-251	Research	UK	To explore young people's health concerns and knowledge	Cross section survey Self report questionnaires	Confidentiality, accessibility important YP sought advice re: emotional	Trust/confidentiality

health concerns						about drop in clinics N=590		health	
Young people's preferences for emotional wellbeing support in high school: A focus group study	Kendal,S., Keeley, P. and Callery, P.	2011	Journal of Child and Adolescent Psychiatric Nursing. 24 pp.245-253.	Research	UK				Access
Do school based health centers improve adolescents access to health care, health status and risk taking behaviour	Kisker, E.E. and Brown, R.S	1996	Journal of Adolescent Health. 18 p.335-343.	Research	USA	To assess school based clinics in relation to access and health knowledge	Cohort study Longitudinal	Clinics no significant impact on health apart from reducing thoughts of suicide	
Loneliness in the school setting	Krause-Parello, C	2008	Journal of School Nursing	Feature article	USA	Loneliness is a risk factor for mental health problems.		SN have a role to play in supporting pupils to cope with loneliness	Nature of support
Youth counselling in school health services: The practice of intentional attentiveness	Langaard, K., Toverud, R.	2010	Nursing Science	Research	Norway	Counselling sessions delivered by school nurses in schools for young people with psychosocial problems N=15	Grounded theory	Attentiveness to young people Listening to their stories Encouraging them to focus on positive aspects of their future	Nature of support
The role of school nurses in delivering	Lee, R.	2011	Journal of Clinical Nursing 20	Research	Hong Kong	To explore and describe the role of	Qualitative semi structured	Roles identified included	

accessible health services for primary and secondary school students in Hong Kong			p.2968-2977			school nurses in Hong Kong N=13	interviews	counsellor, providers, leaders, referrers	
School nurses and mental health	Leighton, S., Worraker, A., Nolan, P.,	2003	Mental Health Practice	Research	UK	Types of mental health problems encountered by school nurses and exploration of their training and supervision needs	Quantitative Questionnaire N=25	Young people present with a wide range of MH problems SN wanted more training from CAMHS professionals in order to support yp more effectively.	Nature of support
Keeping Children Healthy: The role of school nursing.	Lightfoot, J and Bines, W.	1997	University of York: Social Policy Research Unit.	Research	UK				Role
School nurses' support for bereaved students: A pilot study	Lohan, J.A..	2006	The Journal of School Nursing. 22 pp.48-52	Research Pilot Study	USA				Impact
Change, challenge and school nursing	Madge, N. and Franklin, A	2003	National Children's Bureau	Research	UK	To explore health needs of young people and examine how these needs are being met	Mixed Methods 3000 pupil survey Interviews with SNs in 2 NHS Trusts in North and South of UK	Pupils with mental health problems need to have greater input	Access Nature of support

The impact of school nursing on school performance.	Maughen, E.	2003	The Journal of School Nursing. 19 pp.163-171.	A research synthesis	USA				Nature of support
A survey of school nursing provision in the UK.	Merrell, J., Carnwell, R., Williams, A., Allen, D. and Griffiths, L	2007	Journal of Advanced Nursing. 59(5) pp.463-473	Survey	UK				Access
The school nursing profession in relation to Bourdieu's concepts of capital, habitus and field	Morberg, S., Lagerstrom, M., Delive, L.	2012	Scandinavian Journal of Caring Sciences 26 p.355-362	Research	Sweden	To define the work and professional role of the school nurse N=39	Qualitative	Caring for students and supporting them was fundamental part of the role. Access and open door policy important	Role
A concept analysis of social support as experienced by siblings of children with cancer.	Murray, J.S.	2000	Journal of Pediatric Nursing. 15 (5) pp. 313-322.	Concept analysis					Nature of support
Evaluating a school-based health clinic.	Nelson, M. and Quinney, D.	1997	Health Visitor. 70(11pp.419-421.	Research	UK	To assess young peoples views on a drop in clinic run in rural school N=593	Survey – whole school	Confidentiality, accessibility important YP sought advice re: emotional health	Trust/confidentiality
Connecting with frequent adolescent visitors to the school nurse through the	Pavletic, A.	2011	The Journal of School Nursing 27(4) 258-268	Professional paper	USA	To understand how a relationship can be developed		SNs are well placed to identify and support yp who have unmet emotional health concerns.	

use of intentional interviewing						between frequent visitors to the SN and the SN through the use of intentional interviewing		Attachment, effective listening and unconditional positive regard important features	
Bringing health care to schools	Peckham, S. and Carlson, C	2003	Nursing Standard. 17 (20) p. 33-38.	Research	UK	To explore secondary schools pupils knowledge of confidential drop in clinic Body Zone N=569	Mixed Methods Cross sectional survey Questionnaires Participatory group methods Interviews with staff	Drop in clinic valued Confidentiality, accessibility important YP sought advice re: emotional health	Access Trust/confidentiality
School nurses' perspectives on managing mental health problems in children and young people	Prymachuk, S., Graham, T., Haddad, M., Tylee, A.	2011	Journal of Clinical Nursing	Research	UK	An exploration of the views of SNs regarding mental health problems and their potential in supporting them	Qualitative Focus groups N=33	Supporting the mental health needs of yp is a valued aspect of SN work. Several challenges identified that hindered SN involvement	Nature of support
Title	Author(s)	Year Publication	Publication	Type of paper	Setting	Intervention	Study Design	Outcome	
Student attitudes toward school-based health centers	Santelli, J., Kouzis, A. and Newcomer, S. (1996	Journal of Adolescent Health, 18(5), pp.349-356.	Research	USA	To explore pupil attitudes to school based clinics N=3496	Comparative study Logistic regression	Privacy and trust ranked to be very important Least likely to access advice about mental health issues	

Mental Health Promotion in young people – an investment for the future	Stengard, E. and Appelqvist-Schmidlechner, K.	2010	WHO	Position Paper	Europe			Young people need support. Mental health promotion in young people works	
Support in nursing- an evolutionary concept analysis.	Stolz, P., Andersson, E. and Willman, A..	2007	International Journal of Nursing Studies. 44 . pp.1478-1489	Concept analysis.					Nature of support
We are the ones that talk about difficult subjects; Nurses in schools working to support young people's mental health.	Spratt, J., Philip, K., Shucksmith, J., Kiger, A. and Gair, D	2010	Pastoral Care in Education. 28 (2) pp.131-144.						Nature of support
Every child matters, but what matters to them? Using teenagers' views to shape health	Wicke, D., Coppin, R., Doorbar, P. and Le May, A	2007	Journal of Children and Young People's Nursing. 1 (3) p.129-136.	Research	UK	To explore teenagers views to shape health services N=106	Qualitative Listening exercise Questionnaire sentence completion Thematic content	Confidentiality, accessibility important YP sought advice re: emotional health rather than medical	Trust/confidentiality Access

services.							analysis	treatment	
The work of health visitors and school nurses with children with psychological and behavioural problems	Wilson, P., Furnivall, J., Barbour, R., Connelly, G., Bryce, G., Phin, L. and Stallard, A.	2008	Journal of Advanced Nursing. 61 (4) pp.445-455.	Research	UK				Nature of support
The challenge of meetings of meetings children's mental health needs	Membridge, H., McFadyen, J., Atkinson, J	2015	British Journal of School Nursing	Research	Scotland, UK	To identify the challenges of school nurses trying to meet mental health needs n=16	Qualitative	Importance of building relationships Need for ongoing support for SN	Building trusting relationships

APPENDIX 6

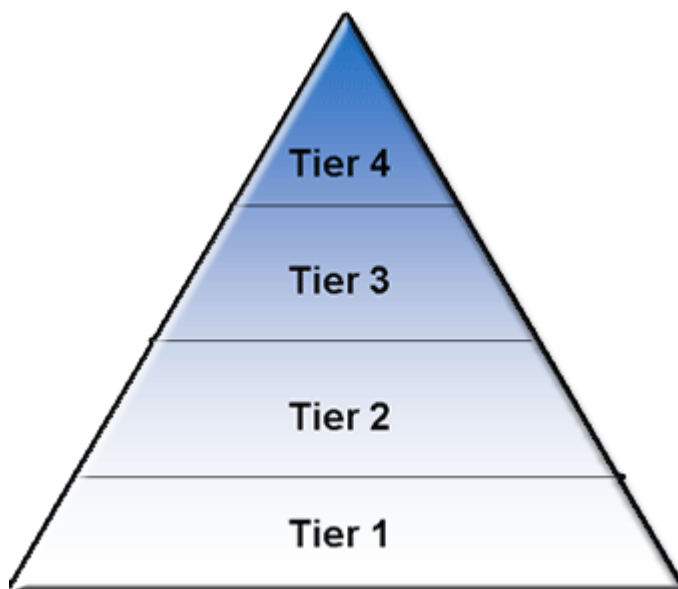
The 4 Tiers of CAMHS Services

Tier 1: consists of non specialist primary care workers such as school nurses and health visitors working with, for instance, common problems of childhood such as sleeping difficulties or feeding problems.

Tier 2: consists of specialised Primary Mental Health Workers (PMHW's) offering support to other professionals around child development; assessment and treatment in problems in primary care, such as family work, bereavement, parenting groups etc. This also includes Substance Misuse & Counselling Services.

Tier 3: consist of specialist multi disciplinary teams such as Child & Adolescent Mental Health Teams based in a local clinic. Problems dealt with here would be problems too complicated to be dealt with at tier 2 e.g. assessment of development problems, autism, hyperactivity, depression, early onset psychosis.

Tier 4: consists of specialised day and inpatient units, where patients with more severe mental health problems can be assessed and treated. NELFT has one tier 4 service at Brookside Young People's Unit, Goodmayes hospital



APPENDIX 7a

Professor Linda Lang PhD
Dean of the School of Health and Wellbeing

Mary Seacole Building
Nursery Street
Wolverhampton
WV1 1AD

Telephone Codes
UK: 01902 Abroad: +44 1902

Switchboard: (01902) 518600
Fax Line: (01902) 518660

Internet: www.wlv.ac.uk/sha
Sarah Sherwin S.Sherwin@wlv.ac.uk
Direct Line: 01902 518634

Dear

As part of my Professional Doctorate in Health and Wellbeing course at the University of Wolverhampton, I am undertaking a research project which aims to explore the experiences of nurses working with children and young people within the context of school nursing practice.

It is anticipated that the potential benefits of the study will be:-

- to contribute to the evidence and research base of school nursing practice as this will be a seminal study.
- at a practice level to inform commissioners of school nursing services; school nursing services, decision makers and other key stakeholders about the realities of current service provision and quality, diversity and complexity of the work school nurses are involved in.
- to contribute to a pedagogy of Specialist Community Public Health Nursing (SCPHN) (School Nursing), by informing curricula developments to ensure school nurses undertaking this specialist

training, have the appropriate knowledge and skills in relation to the emotional health and wellbeing of young people.

In order to disseminate the findings of the study to the school nurse community and others, the intention is to publish and disseminate the work via national forums, conferences and published in peer reviewed journals such as the British Journal of School Nursing.

The study is being conducted within two NHS Trusts in the West Midlands and I would like to interview up to six SCPHN school nurses within your organisation. The data will be collected using interviews which will last no longer than 60 minutes. The interviews will be conducted in a setting that is most convenient to the school nurse.

I would like to reassure you that it will not be possible to identify any individual participants, areas or organisations in which they work as all data will be anonymised.

I am therefore seeking your written permission to conduct this study in Worcestershire. This could be sent to me either by post to the address or above or via email.

I have enclosed a copy of the research proposal for your information. If you have any queries or would like to discuss this further please do not hesitate to contact me (details above) and I would be very happy to answer any questions you may have. Thank you for your time.

I look forward to hearing from you.

Yours sincerely

Sarah Sherwin (RN, MA, BSc (Hons))
Senior Lecturer SCPHN School Nursing

Appendix 7b

Professor Linda Lang PhD
Dean of the School of Health and Wellbeing

Mary Seacole Building
Nursery Street
Wolverhampton
WV1 1AD

Telephone Codes
UK: 01902 Abroad: +44 1902
Switchboard: (01902) 518600
Fax Line: (01902) 518660

Internet: www.wlv.ac.uk/sha

Sarah Sherwin S.Sherwin@wlv.ac.uk
Direct Line: 01902 518634

Letter to participants. Version 3

Dear

I am writing to invite you to participate in a research project, which I am conducting as part of a Professional Doctorate in Health and Wellbeing at the University of Wolverhampton. I enclose an information sheet, which explains the title and aims of the project.

If you are willing to be involved, the interview would take no longer than 60 minutes. Anything you say would be totally confidential and any notes made as a result of the interview would be destroyed afterwards. The interview will be arranged at a location and time that it is mutually convenient. A report will be written of the findings and will be available to you. In addition I would like to reassure you that pseudonyms / numbers will replace all names so that you or your place of work cannot be identified.

If you feel that you would like to be interviewed please indicate on the attached sheet and return it via email. If you would prefer not to be involved, please ignore this letter.

Yours sincerely,

Sarah Sherwin (RN, MA, BSc (Hons)) Senior Lecturer SCPHN School Nursing

APPENDIX 8

Overview of story gathering event version 3

Introductions

Thank participant for agreeing to be involved

Remind participant about the focus of the study and potential benefits

Read out consent and check participant happy to proceed with story gathering even and to be audio taped.

Remind participant they can withdraw any time from the study and that anonymity will be guaranteed.

Remind participant not to identify any child, young person or name any area.

Inform the participant about the process of the study- what to expect.

Ice breaker / warming up questions

Can you tell me how long you have been a school nurse?

What do you enjoy most about your job?

Key Question

Can you tell me about how you provide support to children and young people?

Probe questions

Can you tell me about an occasion when you felt you played an important/specific part in supporting a child/young person?’

Can you tell me what happened?

Can you tell me a little more about.....

What was the experience like for you?

How did you feel about that..?

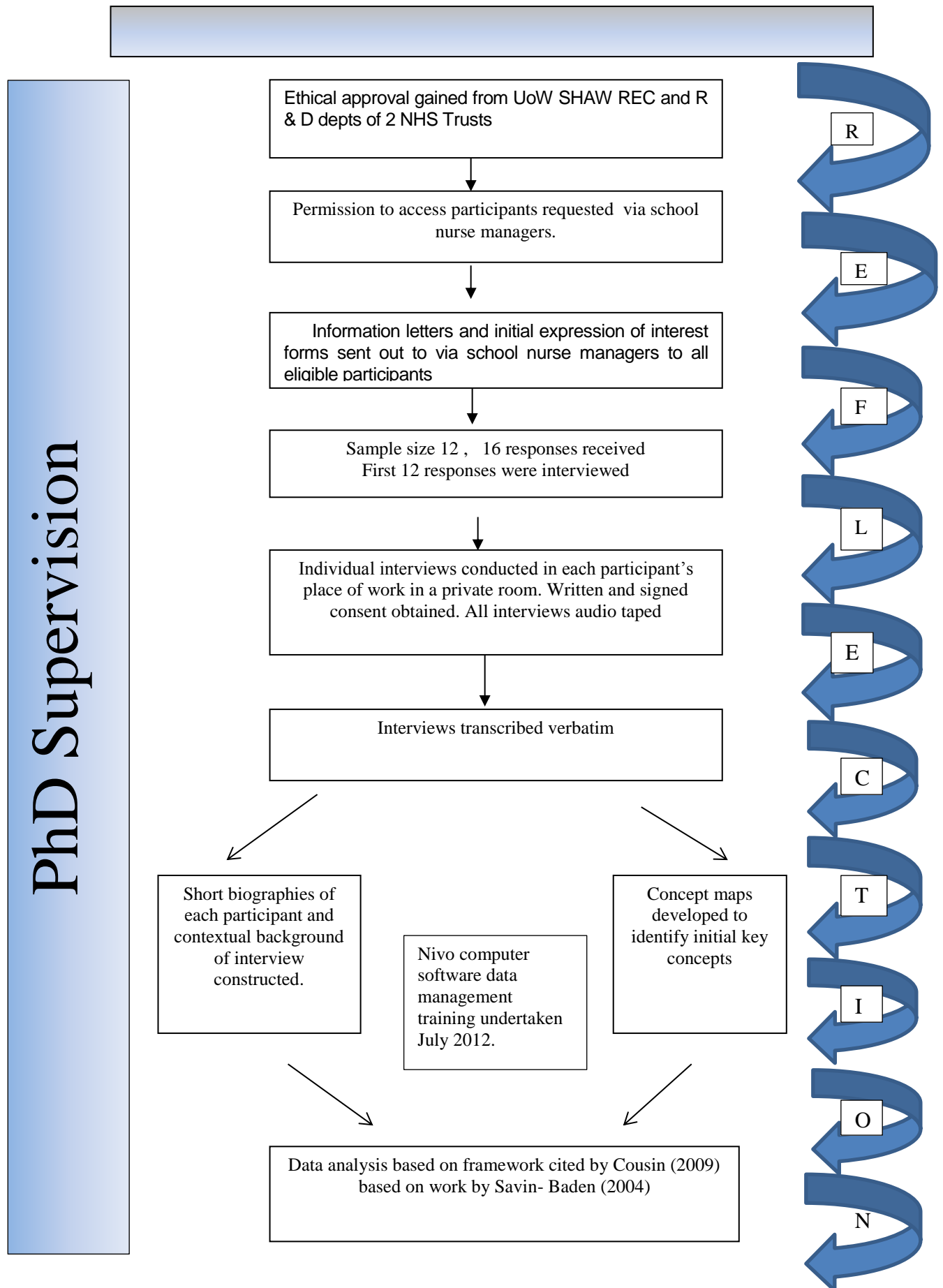
Winding down questions

Your stories provide an interesting insight into your work. Is there anything else I should have asked you or do you want to add?

Please feel free to email me if you have any comments or questions following the interview.

Thank participant for their time

APPENDIX 9



APPENDIX 10

Management of data.

The data was managed manually using Microsoft Word to identify common elements across the stories using colour. It was initially ruminated that using a computer software package would be helpful and advantageous. Therefore training in a computer software package NIVO was undertaken by the researcher. However after careful consideration it was decided not to utilise a computer package as it was felt that a use of such a software system only assists with the practicalities of managing, sorting and classifying the data and not the analysis (Bold, 2012). There was an additional concern that the focus may be on the process of data management which would be restrictive (Holloway and Wheeler, 2002) as opposed to engaging with the data and interpreting meaning. The researcher can end up 'burrowing' into the data thereby detracting from the stories being told. This may also lead to narrowing of the analysis because the story is not allowed to evolve, as opposed to taking a "broadening approach" which aims to capture the whole story and also looks at critical events within the story (Webster and Mertova, 2007). Dwelling with and being immersed in the data, although time consuming and at times frustrating, was ultimately beneficial in the analysis and interpretation of the narrative stories.

APPENDIX 11a



HP/DF

20 December 2011

Mrs Sarah Sherwin
University of Wolverhampton
School of Health and Wellbeing
MH Building
Nursery Street
WV1 1AD

Dear Mrs Sherwin,

Re: "Stories from School Nursing Practice: Exploring the meaning of providing support to children and young people"

The School of Health and Wellbeing Ethics Sub-Committee Board met on 19 December 2011. Your project was approved without amendments, and you now may proceed with this study.

It was agreed for your project to be awarded the following Codes.

University Category: A1- Favourable

I would like to wish you every success with the project.

Yours sincerely

H Paniagua

Dr H Paniagua PhD MSc, BSc (Hons) Cert. Ed. RN RM
Chair – School Ethics Committee

APPENDIX 11b

Hi Sarah,

Just to confirm with you that your research proposal has now been peer reviewed by Worcestershire Health & Care NHS Trust; the outcome of which was favourable local Trust approval. Therefore, once your Research Passport is in order, and the Trust has issued a Letter of Access, you will be free to start your study.

I will put this in writing but in the meantime, please accept this email as confirmation of our approval.

I look forward to hearing from you shortly.

Kind regards,

Sam.

Sam Whitby

Audit, Research & Clinical Effectiveness Manager

Worcestershire Health and Care NHS Trust
Quality and Safety Team
Isaac Maddox House
Shrub Hill Road
Worcester
WR4 9RW

P: 01905 681514

M: 07872 421195

E: samantha.whitby@hacw.nhs.uk

This email and any files transmitted with it are confidential. If you are not the intended recipient, any reading, printing, storage, disclosure, copying or any other action taken in respect of this email is prohibited and may be unlawful. If you are not the intended recipient please notify the sender immediately by using the reply function and then permanently delete what you have received.

The information in this email may be subject to public disclosure under the Freedom of Information Act 2000. Unless the information is legally exempt from disclosure, the confidentiality of this email and your reply cannot be guaranteed.

APPENDIX 11b

From: Jo.Williams@swft.nhs.uk [Jo.Williams@swft.nhs.uk]
Sent: 06 January 2012 15:46
To: Sherwin, Sarah
Subject: R&D Approval SWH092_06011201

Dear Sarah

Re: Stories from School Nursing Practice: Exploring the meaning of providing support to Children and Young People
Approval Number: SWH092_06011201

I am pleased to inform you that the R&D review of the above project is complete, and the project has been formally approved to be undertaken at South Warwickshire NHS Foundation Trust.

All research must be managed in accordance with the requirements of the Department of Health's Research Governance Framework (RGF) and to ICH-GCP standards. In order to ensure that research is carried out to these standards, the Trust employs the services of an external monitoring organisation to provide assurance. Your study may be randomly selected for audit at any time, and you must co-operate with the auditors.

The duration of Trust approval extends to the date specified in the R&D application form. Action may be taken to suspend Trust approval if the research is not run in accordance with RGF or ICH-GCP standards, or following recommendations from the auditors. Research must commence within two years of the REC approval date and within six months of NHS Permission.

I wish you well with your Project need any guidance or assistance

Jo

Mrs Jo Williams
Undergraduate Education & Research Manager
South Warwickshire NHS Foundation Trust
Room 2 Medical School Building
Lakin Road
Warwick
CV34 5BW
phone: 01926 495321 exn. 4411
fax: 01926 600849
mobile: 07594579268
jo.williams@swft.nhs.uk

Appendix 12

GENERAL CONSENT FORM AND RIGHT TO WITHDRAW: Version 2

Title of Project:

Stories from school nursing practice: Exploring the meaning of providing support to children and young people.

Name of Researcher: Sarah Sherwin

Please initial boxes

1. I confirm that I have read and understand the information sheet dated(version 3) for the above study and have had the opportunity to ask questions. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason. ☐
3. I agree to take part in the above study. ☐
4. I understand that the researcher may wish to publish this study and any results found, for which I give my permission ☐
5. I agree for this to be tape recorded and for the data to be used for the purpose of this study. ☐
6. I agree that quotes from my interview can be used in the report and understand these will be anonymised. ☐

Name of participant

Date

Signature

Researcher

Date

Signature

Professor Linda Lang PhD
Dean of the School of Health and Wellbeing

Mary Seacole Building
Nursery Street
Wolverhampton
WV1 1AD

Telephone Codes
UK: 01902 Abroad: +44 1902
Switchboard: (01902) 518600
Fax Line: (01902) 518660

Internet: www.wlv.ac.uk/sha

Sarah Sherwin S.Sherwin@wlv.ac.uk
Direct Line: 01902 518634

Participant information sheet. Version 3

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Please contact me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

What is the purpose of the study?

The Office for National Statistics (2004) report that one in ten school age children and young people will experience some form of emotional, behavioural and / or mental health problem in their childhood .

School nurses are at the front line of service delivery and are ideally placed to support children and young people experiencing difficulties (DH, 2011). School nurses are required to record and audit the number of formal contacts they have with children and young people. However, very little is known about the indepth day to day work carried out by school nurses as this is not recorded and has not been researched in detail within the UK (DCSF/DH, 2008). This is supported by the work of DeBell and Tomkins (2006) who found that school nursing practice often goes unrecorded and is often not reported outside of the situation in which it is located.

This is an original study which is important because it aims to explore and understand the diversity and complexity of school nurses experiences of providing support to children and young people.

The study will take place over a two year period

Potential benefits of the study

The potential benefits of the study are:-

- to contribute to the evidence and research base of school nursing practice as this will be a seminal study.
- at a practice level to inform commissioners of school nursing services; school nursing services, decision makers and other key stakeholders about the realities of current service provision and quality, diversity and complexity of the work school nurses are involved in.
- to contribute to a pedagogy of Specialist Community Public Health Nursing (SCPHN) (School Nursing), by informing curricula developments of school nursing programmes.

Why have I been chosen?

You have been selected to participate within this study as it is considered that you have the relevant knowledge and experience of working with school age children and young people. Up to 11 other school nurses in two different NHS Trusts will be participating in this study.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. Neither you nor the area in which you work will be identified as all data will be anonymised. However, direct quotes may be used in the presentation of the findings and in the final report.

What will happen to me if I take part?

If you agree to participate you will be invited to attend an individual event. This will be carried out at a venue most suitable for yourself. It is anticipated that the interview will last between 30- 60 minutes and will be audiotaped. In the interview you will be asked to describe your experiences of working with children and young people in your role as a school nurse. Narrative inquiry will be used to gather school nurses personal stories which will be explored and interpreted. The actual study will last approximately two years although your individual involvement will only be one individual contact.

What do I have to do?

In order to be involved in this study, you need to return the enclosed consent form either by post or email to the researcher. The researcher's contact details are enclosed. The researcher will then contact you to arrange the interview at a date, time and venue convenient to yourself. You will be given an information sheet and a copy of the signed consent form for you to keep

What are the possible benefits of taking part?

By taking part in the study you will be contributing to the evidence base and profile of school nursing and providing an insight into aspects of school nursing practice that have not been explored before in any depth. The findings of the study will be available to managers, commissioners, service users, decision makers and will inform them about the realities of current service provision and quality, diversity and complexity of the work school nurses are involved in.

It is also expected that the findings of the study will contribute to the development of school nursing education, training and continuing professional development to ensure school nurses are able to develop the relevant knowledge and skills.

What will happen to the results of the research study?

The final research report will be available electronically from the researcher at the end of the study period. It is anticipated that the results of the study will be widely disseminated within the national school nursing community via conferences and peer reviewed journals such as the British Journal of School Nursing.

Who has reviewed the study?

This study has been approved by the University of Wolverhampton School of Health and Wellbeing Research Ethics Committee. In addition, permission to carry out the study within your organization has been granted from the Trust's Research and Development Department.

Contact for further information

If you would like any further information about the study, to enable you to make a decision as to whether you would like to participate, please do not hesitate to contact me. My contact details are:-

Email: S.Sherwin@wlv.ac.uk

Telephone: 01902 518634

Address: Sarah Sherwin, Senior Lecturer, University of Wolverhampton, School of Health and Wellbeing, MH Building, Molinuex Street, Wolverhampton, WV1 1AD.

Thank you for taking the time to read this information sheet and I look forward to hearing from you.

References

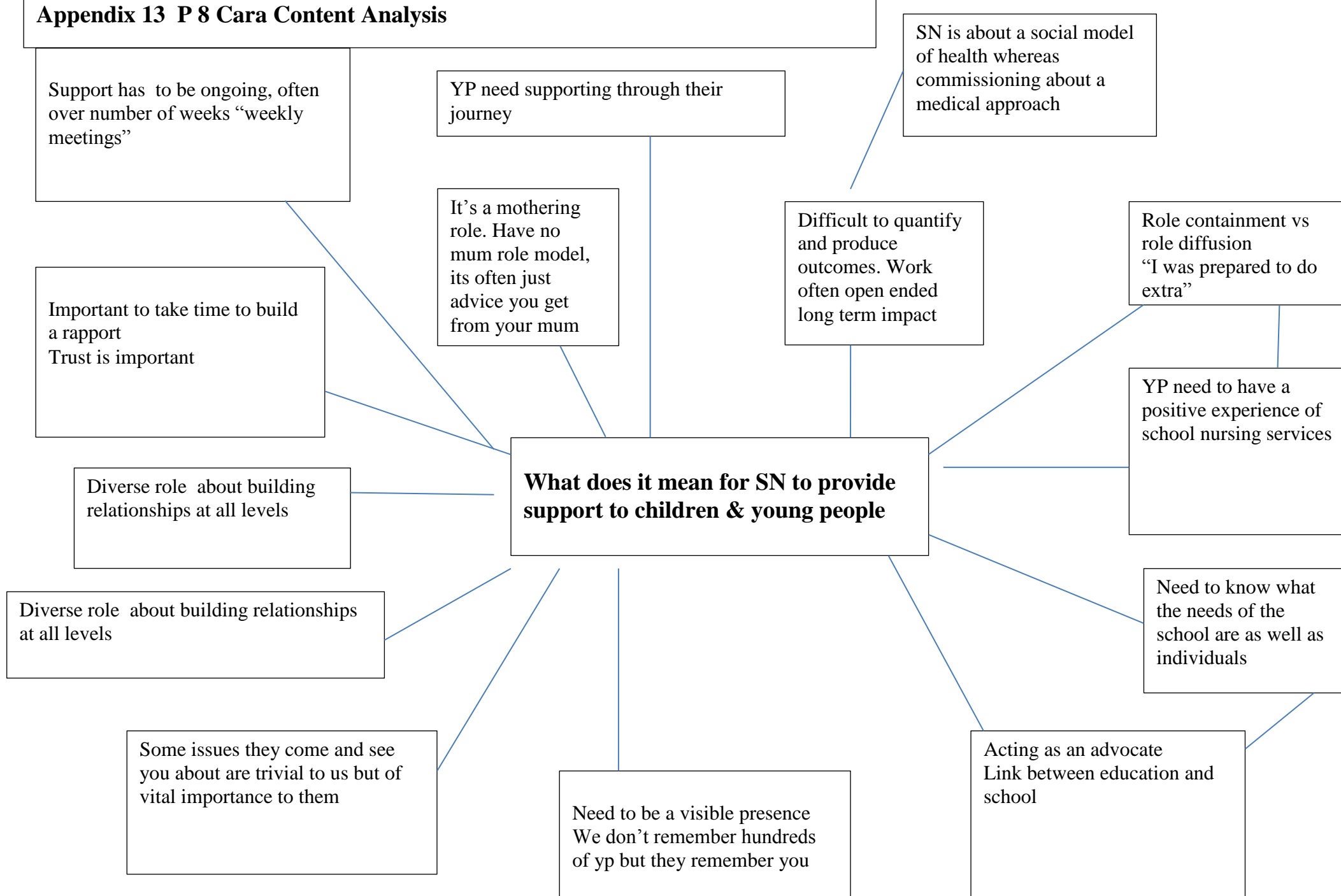
DeBell, D., and Tomkins, A. (2006) *Discovering the Future of School Nursing: The evidence base*. London: MacMillan –Scott.

Department for Children, Schools and Families/ Department of Health (2008) *Child and Adolescent Mental Health Services Review*. London: TSO

Department of Health (2011) *No health without mental health*. London: DH.

Office for National Statistics (2004) *Mental Health of children in Great Britain*. Palgrave MacMillian

Appendix 13 P 8 Cara Content Analysis



APPENDIX 14

Biography Vignettes

Cara

Cara is a white, female aged approximately in early 50s. She has been a nurse and then a midwife since she left school at 18 years. She has been a school nurse for 15 years and worked for the same Trust for that length of time, although she has been based in a number of different health centres. She is a Band 6 school nurse and is SCPHN qualified. I did not know Cara prior to meeting her to gather her story as she had completed her training as a school nurse at another higher education provider.

Jackie

Jackie is white, female and in her late 40s. She is married with children in early twenties. She has been a nurse for approximately 30 years and has worked as a school nurse for 16 years in the same organisation. She has a particular interest in sexual health and also works part time for the CASH (Contraception and Sexual Health) service in the evenings. Therefore along with other school nurses who are CASH trained, she acts as a specialist sexual health nurse for the school nurse team. Jackie is also a qualified SCPHN and undertook her training at the same HEI where I was her course leader and tutor.

Sophie

Sophie is white, female and is in her late 40s. She is married with 3 teenage children. She has been a school nurse for 10 years (qualified as a SCPHN for the past 3 years). Sophie undertook her school nurse training at the same higher education provider where I was her course leader and personal tutor. She also works as a school nurse practice teacher and regularly has students' placed with her. Sophie and I trained together as nurses in the early 1980s and so I have known professionally for many years.

Susan

Susan is a white, female mid 40s, married with 2 children aged around 10 and 12. Susan has been a school nurse manager and worked as a school nurse in 4 different Trusts. She has worked in school nursing for approximately 15 years and had been a manager of the school nursing service of a trust that I had also worked in. She has taken a career break due to family commitments and had recently returned to school nursing and was currently working as a Band 6.

Caroline

Caroline is a white, female and in her mid 40s. She is married with teenage children. She has been a school nurse for 12 years but has only recently qualified as a SCPHN, having undertaken the course last year. She has a specialist interest in domestic abuse and child sexual exploitation and has undertaken further study in these areas.

Daniella

Daniella is white, female in her early 40s and has 2 children. She has been working as a Band 6 school nurse (SCPHN qualified) for 10 years for the same Trust. Daniella has recently qualified as a school nurse practice teacher. Therefore she has a SCPHN student

placed with her each year and supports the continuing professional and educational development of staff and students within the school nurse team.

Diane

Diane is a white, female in her late 30s and is married with 2 teenage boys. She has been working as a part time school nurse (qualified SCPHN) for 7 years. But 3 weeks before the interviews she had left school nursing to work in a different role within the same organisation. However, despite the fact she had left her school nursing job she was said she wanted to be part of the study. Diane said she had left her school nursing post as she needed to work full time but the school health team could not increase her hours. She said how much she enjoyed working as a school nurse and was sad to leave but financially needed to work more hours. She wanted to still take part in the study as she felt it was so important for research to be conducted into school nursing; as she was aware that there have been a limited number of studies carried out in this field of nursing.

Joanna

Joanna is a white, female in her early 50s. She has worked as a school nurse for over 15 years in the same Trust and is a band 6 qualified SCPHN. I had not met Joanna before as she undertook her SCPHN training at a different education provider. She was also undertaking the Nursing and Midwifery Council approved practice teacher course to be able to support School Nurse SCPHN students.

Laura

Laura is a white, female in her early 40s, married with 2 teenage children. She has been a school nurse for 10 years and is SCPHN qualified. Laura is a Band 7 school nurse and has worked for the same trust since 2002. Laura is well respected amongst her colleagues and is a caseload holder with additional responsibilities hence her higher banding. She is also a practice teacher and has SCPHN school nursing students allocated to her each year. I have known Laura for a number of years as she had undertaken her SCPHN and Practice Teacher at the HEI provider where I am a course leader.

Mandy

Mandy is white, female in her mid 50s and she has a grown up son. She has been working as a Band 6 school nurse (SCPHN qualified) for 6 years for the same Trust. Prior to this she has worked for a significant period of time as school nurse community staff nurse in the same team and has a wealth of experience. I knew Mandy well as I had been her personal tutor when she was a student on the course I teach on.

Milly

Milly is a white, female in her mid 30s. She has 2 primary school age children. She has been a qualified nurse for 16 years and a school nurse for 4 years. She has recently undertaken the SCPHN qualification and passed the course one year ago. She was also a student on the course I teach on and I was her personal tutor.

APPENDIX 15

Common elements identified across all story gathering events

Perceived space= Green

Conceived space= Pale blue

Lived space= purple

Virtual space= Dark blue

	Daniella	Mandy	Susan	Joanna	Laura	Cara	Diane	Sophie	Jackie	Caroline	Milly
Regular and consistent support for young people required Work often hidden Need to be more visible Advocacy	•	•	•	•	•	•	•	•	•	•	•
Personal emotional Investment/cost	•	•	•	•	•		•		•	•	•
Role containment vs role diffusion. Time constraints impact on what support	•	•	•	•		•	•	•		•	•

and how much support can be offered Political issues, lack of investment											
Need to build Trusting relationships takes time	•				•	•		•	•	•	•
Lack of power, submissive victim role, lack of agency Self concept Challenging to measure impact of role and provide evidence which also contributes to lack of power as unable to prove effectiveness of service, frustration		•	•	•	•	•	•	•	•		•
Mothering, setting boundaries Attachment		•			•	•		•	•	•	•
Need to work in new ways eg Use of technology to provide support	•	•	•		•	•				•	

Dealing with complex diverse issues	•	•				•				•	•
Making a difference			•		•				•	•	•
Support from colleagues important	•		•				•			•	•
Need to empower yp, give them coping strategies and control/ life skills	•									•	•
Need skills such as flexibility, reliable, good listeners, able to signpost appropriately, prioritising	•		•					•	•		
Being a nurse , offering confidential service (also lived)			•		•			•		•	•
Setting and venue important			•					•			

Need to offer more standardised service that would increase credibility			•	•							

APPENDIX 16

POSTER PRESENTATION ABSTRACT

Sarah Sherwin

ED5010 Advanced Professional Practice

(Learning Outcomes 2 & 3)

Title: “From threshold moments to research proposal”.

A number of threshold moments have impacted on my development, enabling me to critically reflect on my personal progress through the course so far. The presentation will aim to show how these new understandings have shaped the ideas for my proposed research.

This presentation will use visual imagery in the form of 3 posters in order to exemplify these threshold moments.

Clandinin (1986) purports that "Images are seen as the mediator between the unconscious and conscious levels of being. It was it known at the unconscious level that finds expression in a person's thoughts and actions through their choice of images. Images are thus seen as the source of inspiration, ideas, and insight to provide meaning".

Poster 1



My starting point is the theme board that we constructed at the beginning of this module. It has a large number of images that have been grouped together in themes. The right hand side has images of children and largely relates to my practice as a school nurse. The bottom of the board and moving around to the left show images of journeys, maps, straight and curvy lines representing my research journey. Finally the top left hand side contains pictures of standing on the edge of a great precipice highlighting feelings of inadequacy and the understanding of the huge journey ahead to complete the doctoral journey. Finally there is an image of a snail which represents my desire for the research to be of importance and to leave behind a trail that others can utilise.

Poster 2

Critical Reflection: Threshold Moments

Sarah Sherwin

Metaphorical Imagery The journey of a river:

Learning Disposition Imagination vs Literalness

Flow of experiences (Eraut 1994) Dynamic, changing entity
"You can never step into same river twice" (Hegel in Gardeer 1992))



As the river meets the sea.
"A glance at departure points in many great tasks reveals travellers almost paralysed as they face the unknown" (Daloiz 1999).

The flow and form of a river constantly transform and change the landscape. Transformational learning is a deep, structural shift in thinking which relates to consciousness (Mezirow 1990).



Take joy in your digression, it is where the unexpected arises (Masumi 2002).

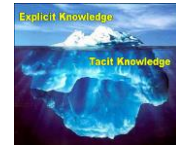


Rapids: You do not learn in calm waters have to enter into turbulent waters

Swampy Lowlands: where everyday professional practice is carried out (Schon 1991).



•What lies beneath?
•Professional Knowledge (Eraut 1994).
•Tacit Knowledge



Communities of Practice (Wenger 1998) Moving between COP, tensions



"Once you have crossed the river- no going back, can never return home as same person" (Daloiz 1999).

References

Eraut, M. (1994) *Developing Professional Knowledge and Competence*. Abingdon: Falmer Press. Daloiz, L. (1999) *Mentor: Guiding the journey of adult learners*. San Francisco: Jossey Bass.
Gardeer, J. (1995) *Sophie's World*. London: Phoenix House. Mezirow, J. (1990) *Fostering critical reflection in adulthood*. San Francisco: Jossey Bass. Masumi, B. (2002) *Parables for the virtual*. USA: Duke University Press.
Schon, D. (1991) *The Reflective Practitioner: How professionals think in action*. Hants: Arena. Wenger, E. (1998) www.ewenger.com/theory accessed 13/2/11

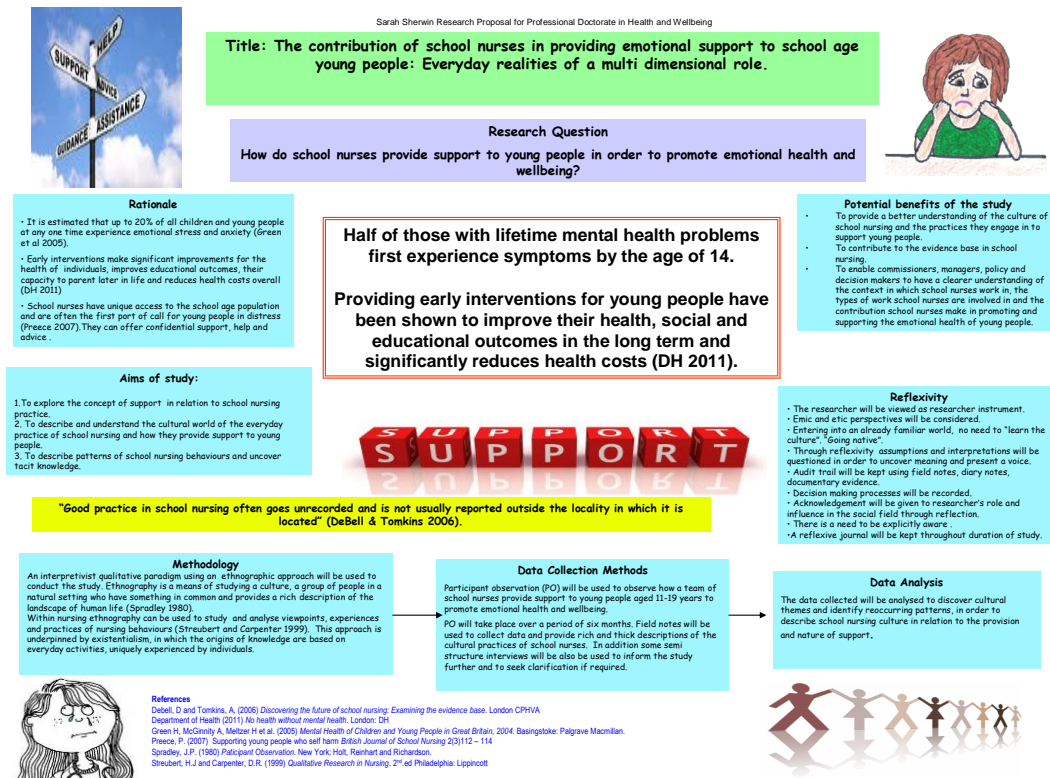
The second poster uses the metaphorical image of a river to reflect on how various key threshold moments within the module have shaped my epistemological views. Fairly early on it was evident to me that the life and flow of a river could be used as a metaphor to help me critically reflect and uncover meaning. It is suggested by Kochis and Gillespie (2006) that the use of metaphors can help convey and communicate complex and abstract ideas by using everyday familiar objects or experiences.

The key themes depicted in this poster are exploring and understanding tacit knowledge; the struggle and tensions that can exist when trying to work within different communities of practice; the importance of exploring the realities of everyday professional practice; accepting that digression is fundamental in trying to gain insight into one's development and understanding and how transformational learning (Mezirow, 1990) involves the experience of a deep structural change in thinking.

Poster 3

This final poster relates to my proposed research study. The direction of the study has been shaped by the thinking and understanding that has developed from the concepts uncovered in the first 2 posters.

The title of the study is
The contribution of school nurses in providing emotional support to school age young people: Everyday realities of a multi dimensional role.



It is reported that 1:10 school age children and young people will experience some form of emotional, behavioural and mental health problems in their childhood (ONS, 2004, Young Minds, 2011). Early recognition, relevant support and if necessary appropriate referral by practitioners such as school nurses, can make a significant difference in the short and long term to both the child and their family (RCN, 2004; DH, 2011).

Support is a term that is used widely and referred to in everyday practice by school nurses. However, there is insufficient evidence about how school nurses provide support in relation to promoting mental health and psychological well being (DCSF/DH, 2008). DeBell and Tomkins (2006) highlight that there is a clear need for high quality research to be undertaken within school nursing.

The following research question has been formulated:-

How do school nurses provide support to young people in order to promote emotional health and wellbeing?

Aims of study:

- What does the concept of support mean within school nursing practice?
- How do school nurses as a cultural group perceive their role in providing support to young people?
- In what contextual settings do school nurses provide support?
- What strategies and mechanism do school nurses employ in order to provide support to young people?

Potential benefits of study

- To have a better understanding of how school nurses support young people on a day to day basis.
- To explore the culture of school nursing and the practices they engage in to support young people.
- To contribute to the evidence base in school nursing.
- To provide information to commissioners, managers, policy and decision makers to enable them to have a clearer understanding of the context in which school nurses work in, the types of work school nurses are involved in and the contribution they make in promoting the emotional health of young people.

References:-

Clandinin, D (1986) *Classroom practice: Teacher images in action*. London: Falmer.

Debell, D. and Tomkins, A. (2006) *Discovering the future of school nursing: Examining the evidence base*. London: CPHVA.

Department for Children, Schools and Families / Department of Health (2008) *Targeting Mental Health in Schools Pilot*. London: DCSF.

Department of Health (2011) *No health without mental health*. London: DH.

Kochis, B. and Gillespie, D. (2006) Conceptual metaphors as interpretive tools in qualitative research. *The Qualitative Report*, 11 (3) pp, 566-585.

Mezirow, J. (1990) *Fostering critical reflection in adulthood*. San Francisco: Jossey Bass.

Office for National Statistics (ONS) (2004) *Mental Health of children in Great Britain*. Palgrave MacMillian.

Royal College of Nursing (2004) *Children and young people's mental health: every nurse's business*. London: RCN.

Streubert, H.J and Carpenter, D.R. (1999) *Qualitative Research in Nursing*. 2nd.ed Philadelphia: Lippincott.

Young Minds (2011) *Young People's Mental Health* www.youngminds.org.uk accessed 11/2/11.

Possible questions for consideration.

1. Is the research question clear and does it reflect the phenomena under investigation?
2. Is the proposed research methodology an appropriate approach to answer the research question?
3. Do you have any other comments or suggestions

Thank you

Feb 2011

APPENDIX 17

Publication (see next page)

The pride and the passion: Using poetic representations to reflect upon school nursing practice

**'There is a room full of people
A nurse comes in and puts a waste paper basket in
the middle of the room
Everyone throws their worries into the basket
Then the nurse picks it up and takes it away'
(Susan's story)**

The relevant role school nurses play in supporting children and young people has been recognised in a plethora of documents including the current public health strategy *Healthy Lives, Healthy People* (Department of Health (DH), 2010). Recently a new vision has been developed to help support and develop school nursing services (DH, 2012) and the Chief Medical Officer highlighted the importance of school nursing in relation to promoting children and young people's mental and emotional health in her annual report (Davies, 2013). Yet, despite this recognition, school nurses continue to face challenges arising from large caseloads, high safeguarding ratios and relatively low numbers. Acquiring insight into how they can respond to and learn from these challenges is important, to enable them to sustain their own wellbeing and commitment in the course of their everyday practice. One way of facilitating this is through the use of reflective practice, which is a tool that can help enable nurses to learn from practice-related incidents (Gopee, 2010). At its simplest it is a matter of stopping and thinking about practice from time to time. At its best it is integral to critical analysis and evaluation of what we see from where we stand in relation to individual and others' practice (reflexivity). It involves a process of stopping and thinking about practice, analysing decision making and drawing on theory to relate it to subsequent action (Cousin, 2013). Commonly a model such as those described by Gibbs (1988) or Johns (2002) is used to frame the reflective process. While this familiar approach is beneficial and valuable; the aim of this article is to offer school nurses an innovative (but complementary) alternative way of reflecting on and analysing their practice that could help them achieve a more relational understanding and offer new perspectives.

The research study

This paper focuses on part of a doctoral research project that used narrative inquiry as a methodology to gather

Abstract

School nurses face a number of challenges in everyday practice. To sustain their own wellbeing and commitment, it is essential that they acquire insight into how they can respond to and learn from them. The aim of this article is to offer school nurses an innovative way of reflecting on and analysing their practice.

Key words

■ Reflective practice ■ Poetic representation
■ School nursing experience

school nurses stories about their everyday experiences of supporting young people. Narrative inquiry is situated within an interpretivist qualitative research paradigm and focuses on the way in which people make sense of their subjective reality and attach meaning to it (Bryman, 2008; Munhall, 2012). Using purposive sampling (Holloway and Wheeler, 2002), a total of 11 school nurses in two different NHS trusts volunteered to be interviewed by Sarah Sherwin. The interviews were digitally recorded and transcribed verbatim. Ethical approval was given from the university ethics committee and both NHS trusts. As one part of the data interpretation process, it was decided that 'poetic representation' would be a powerful and evocative way to retell the school nurses' individual stories about their experiences.

What is poetic representation?

Various forms of poetry have been used to describe and illuminate personal experience across a wide range of disciplines, including nursing (Lahman et al, 2011; Chawla, 2008; Sparkes and Douglas, 2007). For example, in mental health nursing it is a powerful medium to help nurses explore personal values and beliefs, gain a deeper understanding of clinical situations to enhance client care,

Sarah Sherwin, Course Leader School Nursing, University of Wolverhampton

Vinette Cross, Senior Research Fellow, University of Wolverhampton

Dean-David Holyoake, Senior Lecturer in Mental Health Nursing, University of Wolverhampton

Email: S.Sherwin@wlv.ac.uk

Table 1. Joanna's story

I let her down

I can think of a child straight away
I think about her a lot
Worked with her for about 2 years and
Considering how little time we have had

She has had a huge amount of input.
She is 9 years old
Overweight.
I thought that it would be a simple case
Healthy eating, good diet, exercise
But it soon became clear
There were more issues going on

Living with mum
Then dad at weekends
Mum doesn't work and
Has alcohol problems.
Uses food to keep the little girl quiet
I feel sad and frustrated
Despite the input
Seems we had no impact at all.

I feel like I have let her down

She is going to go into secondary school
Will be bullied and teased

I feel like I have let her down

She wouldn't speak to me at first
She kept looking down.
Now when she sees me
She gives me a high five
Took a long time to develop that relationship.
Problem is
We let them down
Sometimes

You invest a lot emotionally
With these children
On our caseload for 14 years
Building trusting relationships
Hugely important

But it doesn't always seem valued
There's too much paperwork
Not enough staff
We can't provide everything these young people need
We
The system
Let them down

I feel like I have let her down

as well as reflect upon and remember what is (or should be) most important to the profession as a whole (Hautala, 2011; Raingruber, 2004; Linney, 2000). However, it appears to have been used very little within the field of school nursing practice. Yet, poems written about every day clinical events allows for others to hear and share the residue of another's experience (Raingruber, 2004) and so gives them time to contemplate their own response. Moreover, it has the power to be more memorable than prose and so can often be retained for longer (Rowe, 2000).

'Poetic representation' is a way of framing nurses' accounts of their own experience, as elicited in interviews, so as to tell a story that others can imagine in a more personal way. It enables readers to engage both emotionally and intellectually at the same time, and it is suggested, depict lived and embodied experience more effectively than other forms of writing (Richardson, 1997; In Hanauer, 2010; Gannon, 2001). 'Finding poetry' within the transcript (as opposed to creating poems *de novo*), requires the researcher to make decisions about which words are crucial to the story, and how to break up the lines to create the rhythm of natural speech.

The poems

What follows is a collection of poems constructed and represented from stories told by three school nurses Joanna (Table 1), Susan (Table 2) and Sophie (Table 3), whose names have been changed to protect anonymity (Nursing and Midwifery Council (NMC), 2008). Each poem has a different theme. In 'I let her down', Joanna talks about feeling guilty that she has let a young person down because of heavy caseload commitments. In 'Please give us more', Susan highlights a need for more resources and in 'Who else?' Sophie describes how she feels a heavy burden of responsibility. Yet despite their different foci, collectively their messages are similar in identifying the challenges they face daily in trying to fulfil their role. Although edited to construct and present the poems, no additional words or phrases were added to the stories; actual words taken directly from the taped interviews were used to remain as close and true to the stories as possible (Cousin, 2009). To help establish the truthfulness of the poems, each one was returned to the appropriate school nurse for validation, did the poem speak with her voice? Positive feedback was received, for example:

'I could actually hear myself talking to you and telling you about my experience' (Joanna)

Joanna's story centres on the challenges of trying to support a young girl experiencing difficulties at home, which are not conducive to helping her make positive health choices regarding her diet. Throughout Joanna's story there is a narrative thread illustrating her frustration because she believes she 'has let her down'. She worries that the girl will be bullied at secondary school because of her weight issues, which may have a negative impact on her long-term emotional wellbeing and self-esteem.

© 2014 MA Healthcare Ltd

Table 2. Susan's story

Please give us more

I run a drop-in clinic in school
It's brilliant
I am getting to know the young people
But lunchtime is not long enough
It's about building relationships
Asking.... 'Are you ok?'
A friendly face

Our key skill is flexibility
We have a whole load to offer
listening and signposting

The young people
Need someone who's always there
Not judging
Be there to support but
We must be reliable

The quality of our work
Is about building them up
There isn't one school that couldn't use
More school nurse time.

If you take us away there'll be calamities
Please give us more money
I plead for more hours
Please give us more hours

The commissioners
Want something measurable
How do we measure success?
We need to ask more young people

It's tiring, it's draining
I haven't stopped all day

That's what it is like.
You take it all on board
Worry about the young people
Cos no one else does.
I want to make a difference.

Table 3. Sophie's story

Who else?

It took me a while to get used to this job
It's very different from other nursing jobs
Being that support mechanism
Giving help to young people

It's been a long time that she's been coming to see me
Mum died when she was 9 years old
Had to go and live with Dad and Step Mum
Felt isolated, low, vulnerable
She was depressed ... not coping
With anything

It helped her to talk
Most sessions she would cry
Go over the same stuff again
Wants to go and live with her sister, but she can't
I feel desperately sorry for her
There's no solution

I don't know if I make anything better
Just a shoulder to cry on, I just listen

Who else would she go to?
Who else can provide that support?
It's about trust
It's confidential
You do worry who she is going to go to
She leaves school in May
I've done way more than I should have done
Trying to ... help her
So she can stand on her own two feet and cope
She's getting better

Everyone is individual
The organisation doesn't respect that
They think everyone should only have 6 weeks
Its rare things can be sorted in 6 weeks
Its complex.

Who else would she go to?
Who else can provide that support?

Joanna explains that school nurses can potentially support children over a long period from when they start school at five years through to when they leave secondary school (DH, 2009). Knowing the children for a long time can mean that school nurses become emotionally attached and spend time thinking about these young people both at work and outside work.

A further theme within Joanna's story is how the relationship between the two of them has developed.

'She wouldn't speak to me at first, kept looking

down, but now she sees me she gives me a high five, that took a long time'.

These small steps highlight important milestones in building a trusting relationship between the nurse and young person. These rewards come by focusing on the small gains achieved as well as the much larger, yet less common, behavioural changes (Chase et al, 2010). In addition, nurses need to be able to meet patient/clients expectations that they are trustworthy, by providing consistency in their contact and support (Stein-Parbury, 2009).

The language used by Joanna indicates that she believes that school nurses cannot always provide everything some young people need. Therefore, this implies that school nurses cannot work in isolation. They have a wider responsibility to work collaboratively with other agencies, to provide ongoing specialist support for some young people and their families who have long-term difficulties (DH, 2009; DH, 2012; HM Government, 2013). However, school nursing is not a statutory agency and therefore can only offer advice and support, which may not always be taken up by the family. This potential lack of impact may appear to be detrimental to school nursing, as insofar as the service may have limited effectiveness in achieving long-term positive health outcomes. Indeed this has long been a challenge for school nursing as the fruits of their labour may often be harvested many years later.

As from April 2013 school nursing services have been commissioned by other agencies outside of the NHS such as local authorities, and there is considerable concern within the profession as to the effect of this change (Godson, 2013a; 2013b). Therefore, measuring the impact of the services provided will become an important consideration for those managing school nursing services as well as ensuring services are cost and clinically effective (DH, 2010; DH, 2011). However, Joanna highlights that a lack of staff and too much paperwork takes school nurses away from the frontline. It would seem that she feels that spending time building relationships, directly engaging and connecting with the young people may not be activities that are always highly valued by organisations as they strive to achieve targets within a constrained budget. Her poem is a potent reminder that not only does a lack of investment, compared to some other areas of nursing, continue to haunt school nursing services as a whole, it also has an impact on the lives of individual nurses working within it.

Another poem constructed from Susan's story offers effervescent insight into her work as a school nurse. It incorporates a passionate plea for more resources to help provide additional services.

Susan begins her story on a positive note describing an aspect of her job as 'brilliant'. Like Joanna she also describes the importance of relationship building and just being there for young people asking them 'Are you OK?' Susan identifies some key attributes and characteristics of school nurses in order to demonstrate the uniqueness of the role:

'We are flexible...good at listening..., non-judging.... there to support.'

But she then issues a caveat that school nurses must also be reliable intimating that otherwise these skills are wasted. But the tone of the poem changes and becomes one which may be described as a 'rallying call'. Her positioning shifts as she moves to make a plea to a wider audience. Her language, while remaining emotive as in previous verses, becomes one of urgency.

**'Please give us more money
I plead for more hours.'**

She tries to explain what it would be like if school nursing did not exist and her tone becomes more reflective and melancholic in nature. She poses a rhetorical question about how successful school nursing practice can be measured and asks poignantly 'What is success?' This reiterates other school nurses' views on the challenges they face in demonstrating the complexities of measuring practice to those commissioning services. However, Susan then offers an answer as success to her is feeling 'I have made a difference'. She takes this a stage further and provides a potential solution by suggesting that young people themselves need to be asked to evaluate the service more regularly. This is in line with the British Youth Council survey (2011) in which young people themselves said they wanted regular opportunities to evaluate school nursing services. Susan suggests one way that school nurses can increasingly communicate with and support young people is through the use of technology. This would improve access to school nursing services including when and how young people want it.

Interestingly, elsewhere in the interview transcript, Susan employs a powerful metaphor to illustrate that she worries about the young people she works with. However, she suggests taking on board people's concerns and problems is not just an issue pertaining to school nursing, but one that exists more generally within nursing.

**'There is a room full of people
A nurse comes in and puts a waste paper basket in
the middle of the room
Everyone throws their worries into the basket
Then the nurse picks it up and takes it away
That's what it is like
You take it all on board
You worry about them cos no one else does.'**

While it may be argued that this reflects no more than the fundamental ethos of nursing as a profession (NHS England, 2012), like Joanna, Susan also identifies the emotional burden involved in supporting vulnerable young people. Stein-Parbury (2009) purports that this burden is often unacknowledged within a health care system, which is driven by targets and efficiency saving measures. Furthermore she suggests that organisations have a responsibility to provide effective support systems for the nurses to help them cope with stress and burden. However, school nurses must remind themselves that their role within the relationship is generally not that of a 'rescuer' but rather one of a facilitator, in which helping young people to develop resilience, build self-esteem and use their own resources to solve problems is fundamental.

Who else, arose out of Sophie's story about how she supported a young teenage girl whose parents were divorced and who lived with her mum. However, when

her mother died of cancer she had to go and live with her dad and his new family, which she found to be a difficult and traumatic experience. This young teenager sought support from Sophie via a weekly drop-in clinic. Sophie's poem highlights her sense of responsibility to help young people and the need to provide high quality care. She begins by reflecting on what it is about being a school nurse that she finds so rewarding.

Sophie's story tells how she supported this teenage girl through her bereavement. She describes the girl's mood and feelings:

'She felt isolated, very low, vulnerable....She was depressed... not coping with anything.'

These are feelings, often exhibited by many young people seeking support that school nurses will recognise. She shares her initial concerns about what can she do to help and her frustrations that she was unable to provide a solution to the situation, 'there's no solution, I don't know if I make anything better'. This is an interesting perspective and relates back to the first verse where she describes how different school nursing is to other nursing jobs she has had. There is a ubiquitous belief that nursing is framed on a medical model (Ball, 2011), in which patients who are ill are admitted to an acute clinical environment and care is administered by nurses, alongside medical staff and others, to enable patients to recover physically through some curative, therapeutic process. Traditionally, to acquire the appropriate 'skill base', nurse training has been situated mainly in acute settings as opposed to the community and other settings. Sophie seems to be referring to her previous acute based nursing roles where she, 'made people better'. However, school nurses often deal with complex situations such as supporting the emotional health of young people living in difficult family circumstances, which often cannot be changed or 'made better'. These family situations are usually out of the control of school nurses and this is reflected in the negative language Sophie uses to express her frustration and sense of helplessness. Indeed she questions whether she can actually help at all.

One of the key principle's underpinning school nursing practice is the ability to search out and meet the health needs of children and young people (NMC, 2004). Sophie indicates that there is no one else in school able to provide the emotional support that she can. The importance of having a trusting relationship with the young person is highlighted within her story, and being trustworthy is a key attribute that young people often cite as important in a school nurse (British Youth Council, 2011; Madge and Franklin, 2003). Stories represented as poems can be a powerful medium to help nurses reflect on and share their own and other people's experiences of practice. It is hoped that these poems will enable and encourage others within the school nursing community to respond and reflect on their own experiences of what it is like to support young people (see Table 4).

Table 4. Response

Read through the 3 poems
How do these poems make you feel?
Write down a few words that capture how you feel about school nursing. What do you enjoy about the role?
Can you recognise any of the feelings described by the school nurses about their experiences of supporting young people?
Have the poems helped to raise your awareness about the support given to young people by school nurses?
Have they helped you to see things from a different perspective or understand anything new?

Table 5. Activity

Write a short reflective account as part of your continuing profession development/PREP requirements in relation to an aspect or event that has occurred in practice. Then re-read the account and carefully select key words and phrases to form a poem, dividing the account into verses. You may wish to express poignant words and phrases in bold to highlight their importance. Ensure you maintain confidentiality.
Read the poem through and reflect on what it is saying to you about practice, what have you learnt and can you identify any action points?
Give a title to your poem and consider whether you could share it with colleagues or other staff, for example maybe during clinical supervision, via a Trust newsletter or at a conference.

As the poem progresses Sophie describes the changing nature of the relationship between herself and the girl from one of dependence, to one where the young person needs to learn to be able to cope on her own without her support. Sophie almost rejoices that it seems 'She is getting better', as this indicates that the input and support she has offered has led to the young person to develop coping strategies and build resilience. Later in the transcript Sophie states emphatically that despite its complexity and the challenges it brings satisfaction:

'I really enjoys the job, helping young people, it's very satisfying.'

Conclusions

This small collection of poems, along with other preliminary findings of this study, intimate that the professional relationship that develops between the school nurse and the young person are valued and are often deep and connected. Connected relationships are ones that develop over a period of time, are based on trust

and commitment and in which nurses often go the 'extra mile', above and beyond the call of duty (Stein-Parbury, 2009). The three poems illustrate how care and compassion are key features of their practice. These are central tenets of nursing practice the importance of which have been revisited recently as being fundamental aspects of nursing by the Chief Nursing Officer (2012). Indeed Recommendation 185 of the Francis (2013) Report states there needs to be greater focus on caring, with nurses needing to feel that they are valued and that their achievements are recognised. Communicating this to current and future commissioners of the service, through creative and effective evaluation of the support school nurses provide, is an important endeavour. At the same time it should also be acknowledged school nurses themselves need support, in order to enable them to continue to work efficiently and effectively within a challenging, complex and emotionally demanding role.

Despite the challenges, the emerging narratives outlined in this paper reassure that the school nursing role remains a diverse, interesting and satisfying one in which small acts, such as just taking time to listen, can make a significant difference to young people's lives.

BJSN

Conflict of interest: None declared

- Ball E (2011) A social purpose model for nursing. *Nursing Forum* 26(3): 152–6
- British Youth Council (2011) *Our school nurse*. BYC, London
- Chase E, Chalmers H, Warwick I et al (2010) Shifting policies and enduring themes in school nursing. *British Journal of School Nursing* 5(10): 492–500
- Bryman A (2008) *Social Research Methods*. 3rd edn. Oxford University Press, Oxford
- Chief Nursing Officer (2012) *Compassion in practice. Nursing, Midwifery and Care Strategy: Our vision and strategy*. The Stationery Office, London
- Cousin G (2009) *Researching learning in higher education. An introduction to contemporary methods and approaches*. Routledge, London
- Cousin G (2013) Reflexivity: The new reflective practice. *International Journal of Practice Based Learning in Health and Social Care* 1(2): 3–7
- Davies S (2013) *Annual Report of the Chief Medical Officer 2012: Our children deserve better: Prevention pays*. <https://www.gov.uk/government/publications/chief-medical-officers-annual-report-2012-our-children-deserve-better-prevention-pays> (accessed 29 January 2014)
- Department of Health (2009) *Healthy Child Programme 5–19 years*. The Stationery Office, London
- Department of Health (2010) *Healthy Lives: Healthy People*. The Stationery Office, London
- Department of Health (2011) *No health without mental health*. The Stationery Office, London
- Department of Health (2012) *Getting it right for children, young people and families. Maximising the contribution of the school nursing team: Vision and call to action*. The Stationery Office, London
- Francis R (2013) *Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry*. The Stationery Office, London
- Gannon S (2001) (Re) presenting the collective girl: A poetic approach to a methodological dilemma. *Qualitative Inquiry* 7(6): 787–800
- Gibbs G (1988) *Learning by doing. A guide to teaching and learning methods*. Further Education Unit, Oxford
- Gopee N (2010) *Practice Teaching in Healthcare*. Sage, London
- Godson R (2013a) School Nurse 121 Campaign. *Community Practitioner* 86(4): 18
- Godson R (2013b) Funding for school nursing services. *British Journal of School Nursing* 8(4): 204
- Hanauer D (2010) Poetry as research: Exploring second language poetry writing. John Benjamin Publishing, USA
- Hautala J (2011) Haiku STAT! A Poetic Look at the Harsh Realities of Emergency Medicine. CreateSpace Independent Publishing Platform. http://tdn.com/lifestyles/er-nurse-deals-with-harsh-working-conditions-through-haiku/article_73d8da04-189d-11e1-8fb1-001c4c03286.html. Date accessed 28/2/14
- HM Government (2013) Working together to safeguard children: A guide to interagency working to safeguard and protect welfare of children. HM Government, London
- Holloway I, Wheeler S (2002) *Qualitative Research in Nursing*. 2nd edn. Blackwell Publishing, Oxford
- Johns C (2002) *Guided reflection: Advancing practice*. Blackwell Publishing, Oxford
- Lahman MKE, Rodriguez KL, Richard VM et al (2011) (Re)Forming research poetry. *Qualitative Inquiry* 17: 887–96
- Linney BJ (2000) Can you take your soul to work? *The Physician Executive* 26(2): 59–62
- Madge N, Franklin A (2003) *Change, challenge and school nursing*. National Children's Bureau, London
- Munhall PL (ed) (2012) *Nursing Research: A qualitative perspective*. 5th ed. Jones and Bartlett Learning, MA
- NHS England (2012) *Compassion in practice: Nursing, midwifery and care staff. Our vision and strategy*. www.commissioningboard.nhs.uk (accessed 5 March 2014)
- Nursing and Midwifery Council (2004) *Standards of proficiency for Specialist Community Public Health Nursing*. NMC, London
- Nursing and Midwifery Council (2008) *Standards of conduct, performance and ethics for nurses and midwives*. NMC, London
- Rainger B (2004) Using poetry to discover and share significant meanings in child and adolescent mental health nursing. *Journal of Child and Adolescent Psychiatric Nursing* 17(1): 13–20
- Rowe RC (2000) Poetry and verse: An ideal medium for scientific communication. *Drug Discovery Today* 5: 436–7
- Stein-Parbury J (2009) *Patient and person: Interpersonal skills in nursing*. 4th edn. Churchill Livingstone, Australia
- Sparkes AC, Douglas K (2007) Making a case for poetic representation: An example in action. *The Sports Psychologist* 21: 170–90

Have you been challenged by these poems?

Sarah Sherwin would be very interested in hearing from anyone who has been challenged by these poems or who have any comments or thoughts about the use of poetry as a means of reflecting on and improving practice.

Contact details:

Sarah Sherwin, Course Leader School Nursing, University of Wolverhampton
Email: S.Sherwin@wlv.ac.uk
Tel: 01902 518634
Twitter: @SarahSherwin2

APPENDIX 18

Dear Sarah,

I am sat at my desk at work crying after reading your article in BJSN. The poems summed up so powerfully the feelings of failure, frustration and anxiety that I feel almost daily in my role as school nurse. I have never been in the slightest bit interested in poetry or expressing myself through words but the words just tumbled on to the paper. I have sent my words through to you, it may be meaningless to others but I would like to share it with someone, I really hope you don't mind!

Thank you again,

Kind regards,

Helen (surname omitted to maintain confidentiality)

More Policies, Procedures and Protocols

There is a girl crying in the waiting room
Where are the Policies?
She is looking gaunt and tired, has anyone noticed?
We need the updated Policy by next week
There is vomit in the toilets
Are the Policies ISI compliant?
Her friends no longer want to hang out with her
The Policy folder needs to be ready for the meeting
She is in trouble again for not doing her prep
The Governors will be there, we need to be ready
Does anyone care that she no longer wants to live?
We must not keep the Governors waiting

She wasn't in school today
Well the meeting went well didn't it?

APPENDIX 19

Audio CD of Poems

APPENDIX 20

Dissemination strategy

Dissemination of this work has been considered throughout. Validation of the authorial voice occurs when researchers open up themselves to others (Polkinghorne, 1988; 1995). Therefore the use of narrative inquiry as methodology within nursing research was presented at a national conference for doctoral students (Sherwin, 2013) (Appendix 21). Useful feedback from the conference helped to shape the development of the study further in relation to its methodological prowess. The use of poetic re-presentations as a means of presenting data within research has been published in a peer reviewed journal (Sherwin, Cross and Holyoake, 2014) (Appendix 17) and a paper has been presented at a national nursing conference (Sherwin, 2014) (Appendix 22). Following feedback from this conference (Appendix 23) and in order to reach a wider audience, further written publications are proposed, which will present other poetic re-presentations as well as the collective elements identified across all of the narratives. It is recognised that these publications should also reach outside of the school nursing community, which would also raise the profile of this type of methodology which may be of interest to other nursing disciplines. Therefore publications will be submitted to a wider range of more general nursing and health journals.

An abridged version of the study will be drawn up to provide a short report, highlighting key findings that can be used to inform other external stakeholders,

for example commissioners, managers and policy makers about the need for

socio-political transformation to take place. The importance of informing those commissioning children and young people's health services is clearly highlighted by the work of Caan *et al.* (2014), with the aim to promote investment in school nursing services so the needs of young people can be met more fully. Ultimately this investment should result in reducing the cost of providing mental health care as more proactive and early intervention work could be offered to young people before a crisis occurs. Additionally the report will be disseminated to those working alongside school nurses such as public health department personnel, safeguarding nurses, social care colleagues, teachers and those interested in choosing school nursing as a career in order to make the service more visible. The findings will also be disseminated at an international conference (see Appendix 24) as well as at a national biannual conference of school nurse lecturers; so consideration can be given as to how school nurse education across the UK can be enhanced in the light of this study.

APPENDIX 21

Professional Doctorate Conference, University of Brighton



Engaging with Methodology: Diversity, Questions and Challenges Friday 31st May 2013

Programme

9.30-10am	Registration	Atrium/Reception Area, Level 3 Checkland Building
10-10.50am	Welcome by Lorraine Harrison, Head, School of Education Keynote addresses: Carol Robinson, University of Brighton Karen Raney, University of East London	Room C218 (lecture theatre), Checkland Building
11.50am-12.20pm	Paper Presentations – Session 1	See below for groups and rooms
12.20-1.20pm	Lunch	
1.20-2.50pm	Paper Presentations – Session 2	See below for groups and rooms
3.00-3.40pm	Round Table discussions	See below for presenters and rooms
3.40-4pm	Closing Remarks	Room C218 (lecture theatre), Checkland Building

Paper Presentations – Session 1 (11.50am-12.20pm)

Group A – room E422 Checkland Building	
Lucy Currie	Engaging with Phenomenography as a Research Methodology in the Study of Early Years Practitioners' Conceptions of Work Based Learning (WBL)
Hellen Dahl	Knowledge utilization by identifying context factors in nursing homes, when holding a dual role
Laura Johnstone	4D or Not 4D? An Investigation into the Wisdom of Using a Single Methodology to Develop the Workplace and of Combining Research with Work.

Group B – room E423 Checkland Building	
Alison Barnes	Fostering the development of mathematical perseverance in ten year old children: do the research participants have the answers to the research questions?
Jenny Peddar	Methodological and Ethical Issues of using Photo-elicitation with Children and Young People
Peter Wright	Teaching mathematics for social justice: turning theories into practice

Group C – room E426 Checkland Building	
Gillian Teideman	An investigation into undergraduate student understanding of their own learning and it's development through reflection

Anna Lise Gordon	Why bricolage when 'such a daunting task cannot be accomplished in the timespan of a doctoral programme' (Kincheloe and Berry, 2004: 51)?
-------------------------	---

Group D – room E427 Checkland Building	
Stephen Posnett	Determination of quality of care indicators as perceived by clients of independent general veterinary practice in the UK
Ingrid Lindas	Client-centred competence building in Nurse Education
Jane Harvey-Lloyd	Being and becoming a radiographer

Paper Presentations – Session 2 (1.20-2.50pm)

Group E – room E422 Checkland Building	
Carole Pemberton	How You Research is Who You Are: Using Narrative as a Methodology to Explore Loss of Career Resilience
Sarah Sherwin	The challenges of Narrative Inquiry: Mechanics or content?
Stephen Ross	Unconventional Methodologies – Discovering the Right Methodology for Ethically Sensitive Research

Group F – room E423 Checkland Building	
Liping Gao	Reliability, Validity and Objectivity
Bernadette Carelse	Interpretative Phenomenological Analysis of Drawings: Challenges in exploring children's experiences of mindfulness
Ingrid Gilje Heiberg	Living with ideas

Group G – room E426 Checkland Building	
Hayley Allan	Tacit pedagogies of medical educators – do they even exist and how will we recognise them?
Jo Horne	Anonymisation of colorectal specimens within a routine histopathology laboratory
Simon Uttley	Archives and Iconoclasm: Recovering the 'Authentic' from so-called Primary Research Material

Group H – room E427 Checkland Building	
Lise Georgeson	"Dyads in the Lecture Theatre: An Exploration of Leader / Follower Exchange in the Higher Education Environment and the Potential Inferences for Engaging Students in their Own Learning Performance"
Dumisani Ndlovu	Explore and discuss in critical depth an issue related to the consideration of quality in qualitative study: Triangulation
Stephen Jordan	Methodological Issues and On-line Data Collections

Round Table Discussions (3.00-3.40pm)

Brit Bardsen Drange –room E422 Checkland Building
Combining Practice Improvement and Students' Learning – case study related to prevention of pressure ulcers
Lin Graham Ray – room E423 Checkland Building
Nursing in a social care context, methodology or madness

<p>Irena Grounds – room E426 Checkland Building</p> <p>Exploring outstanding teaching potential in early career teachers on their personal and professional journey to becoming newly qualified teachers using a longitudinal, exploratory collective case study approach</p>
<p>Beth Kelly – room E427 Checkland Building</p> <p>How do I describe my methodology?</p>
<p>Lucy Poxon – room A404 Checkland Building</p> <p>The challenge of representing covert conflict and ambivalence using an IPA methodology</p>
<p>Catherine Smyth – room B407 Checkland Building</p> <p>Managing Personal Risk when Undertaking Sensitive Research</p>

APPENDIX 22

DAY 2 6 NOVEMBER 2014	
08:30 - 09:00	Getting Published in Community Practitioner <ul style="list-style-type: none"> Polly Moffat, Editor, Community Practitioner Dr Jane Appleton, Reader in Primary and Community Care, Oxford Brookes University, Professional Editor, Community Practitioner
09:30	Refreshments and Exhibition
09:15	MASTER CLASSES 09:15-10:15 <ul style="list-style-type: none"> VTE and health visiting: The missing link Main Auditorium <ul style="list-style-type: none"> Kim Carter, Health Visitor, Solent NHS Trust Portsmouth Supporting 'Good Enough Parenting' <ul style="list-style-type: none"> Maggie Fisher, Specialist Sleep Support Health Visitor, Netmums, Independent Consultant and Trainer Children's eczema management in the community <ul style="list-style-type: none"> Odette Rodda, Paediatric Dermatology Clinical Nurse Specialist, Royal Bournemouth & Christ Church Hospital and Dorset Healthcare University Foundation Trust Dispelling myths on food allergies and intolerance <ul style="list-style-type: none"> Viv Marsh, Clinical Lead, Education for Health Child constipation <ul style="list-style-type: none"> Brenda Cheer, ERIC Nurse, Senior Continents Specialist Behaviour management: Autism, Aspergers <ul style="list-style-type: none"> Carol Povey, Director of the Centre for Autism, The National Autistic Society Sarah Harris, Autism Trainer, The National Autistic Society Revalidation is on the way; are you ready? <ul style="list-style-type: none"> Jane Beach, Professional Officer Ethel Rodrigues, Professional Officer
10:20	Chair's Opening Remarks <ul style="list-style-type: none"> Carolyn Taylor, Chair, CPHVA Executive
10:25	Opening Keynote Address <ul style="list-style-type: none"> Andrew Gwynne MP, Member of Parliament for Denton and Reddish and Shadow Health Minister
10:45	The Role of Community Practitioner in Safeguarding our Children <ul style="list-style-type: none"> Chris Cloke, Head of Safeguarding, National Society for the Prevention of Cruelty to Children, Vice-President, CPHVA
11:00	Questions and Discussion
11:15	Children's Mental Health: The Challenge to You <ul style="list-style-type: none"> Lorraine Khan, Associate Director for Children and Young People, Centre for Mental Health
11:30	Refreshments and Exhibition Exhibition Seminar – EMIS Mobile: patient records on your tablet <ul style="list-style-type: none"> Tim Hill, Product Manager, EMIS Group <i>Supported by EMIS</i> Exhibition Seminar CPHVA/Unite Launch of Baby Buddy: The new app for parents and parent-to-be <ul style="list-style-type: none"> Alison Baum, CEO, Best Beginnings
12:00	An overview of recent NICE work within Public Health <ul style="list-style-type: none"> Dr Kay Nolan, Associate Director, Centre for Public Health, National Institute for Health and Care Excellence
12:15	ASQ-3™ as part of the healthy child programme reviews at age 2-2½ <ul style="list-style-type: none"> Penny Crouzet, Policy Lead, Outcomes and Indicators Maternity and Starting Well, Department of Health Dr Helen Bedford, Senior Lecturer in Children's Health, UCL Institute of Child Health
12:30	Protecting children and families from inappropriate digital content <ul style="list-style-type: none"> Susie Hargreaves, Chief Executive, Internet Watch Foundation
12:15	BLOCK 17: SCHOOL NURSING 12:15-13:15 <ul style="list-style-type: none"> Opening remarks Rosalind Godson, Professional Officer, CPHVA Healthy schools and school nursing working together <ul style="list-style-type: none"> Helen Smithies, Healthy Schools/PSHE Consultant, Health & Wellbeing Service, Leeds Anne Connor, Operational Lead Specialist Practitioner, School Nursing, Leeds Community Healthcare NHS Trust Medicines in schools <ul style="list-style-type: none"> Viv Marsh, Clinical Lead, Education for Health
12:45	Questions and Discussion
13:00	Lunch Exhibition Seminar Early nutrition for later health: prioritising nutrition in pregnancy <ul style="list-style-type: none"> Judy More, Paediatric Dietitian, Infant & Toddler Forum member Sukrutha Veerarreddy, Consultant Obstetrician and Gynaecologist, Infant & Toddler Forum member <i>Supported by an unrestricted educational grant from Danone Nutricia Early Life Nutrition.</i> Exhibition Seminar – The importance of protein in infant nutrition <ul style="list-style-type: none"> Supported by Nestle Nutrition
14:00	Mindfulness and Motivational Interviewing <ul style="list-style-type: none"> Steve Williams, Lecturer in Mental Health Nursing, University of Bradford
14:15	CONCURRENT SESSIONS 14:15-15:15 <ul style="list-style-type: none"> BLOCK 18: LEADERSHIP AND DEVELOPMENT <ul style="list-style-type: none"> Chair: Su Davis Practice placement: Driving up the quality to ensure excellence in health visiting service delivery via high quality education opportunities <ul style="list-style-type: none"> Lynne Hall, National Clinical Lead: Community & Primary Care Nursing, Health Education England Anita McCrum Lead Nurse: Health Visiting, Barnsley, Project Manager, iHV Fellows Anne Devlin, Deputy Dean for Teaching, Learning & Academic Partnerships, Anglia Ruskin University BLOCK 19: LEADERSHIP AND DEVELOPMENT <ul style="list-style-type: none"> Chair: Toity Deave Public health nurses: Are we leaders on compassion and fit for the future? <ul style="list-style-type: none"> Claire Chambers, Associate Lecturer, The Open University and Oxford Brookes University Measuring the effectiveness of anti-poverty programmes: Head Start [US] Sure Start [England] Flying Start [Wales] <ul style="list-style-type: none"> Jane Imperato, Operational Team Leader (Health Visiting), Cardiff Flying Start BLOCK 20: THE PARENT PERSPECTIVE <ul style="list-style-type: none"> Chair: Elaine Baptiste Infant mental health: Health visitors as key partners <ul style="list-style-type: none"> Anne Chitty, Specialist Health Visitor, Infant Mental Health, Leeds Community Healthcare Trust Lynne Farr Specialist Health Visitor, Infant Mental Health, Leeds Community Healthcare Trust What can health visitors learn from the Birmingham Parents Network Project? <ul style="list-style-type: none"> Laura Ogi, Lead Clinical Psychologist, Birmingham Community Healthcare NHS Parent perspectives of the health visiting service and the impact of the Health Visitor Implementation Plan 2011-2015 <ul style="list-style-type: none"> Judy Brook, Senior Lecturer, Specialist Community Public Health Nursing, University of the West of England BLOCK 21: FGM: THE UNITE IN HEALTH PERSPECTIVE <ul style="list-style-type: none"> Obi Amadi, CPHVA Professional Officer BLOCK 22: SCHOOL NURSING <ul style="list-style-type: none"> Wendy Badger, Safeguarding Adults Practitioner, Birmingham Community Healthcare NHS Trust Anne McGarry, Specialist Lead for Safeguarding Adults and the Mental Capacity Act, Birmingham Community Healthcare NHS Trust The pride and the passion: Using poetic re-presentations to illustrate school nurses experiences of providing support to young people <ul style="list-style-type: none"> Sarah Sherwin, Senior Lecturer Course Leader SCPHN School Nursing, University of Wolverhampton Hello goodbye: Supporting children and families through key transition stages <ul style="list-style-type: none"> Dawn Wilson, Specialist Community Public Health Nurse School Nurse, Newcastle Upon Tyne Hospitals NHS Foundation Trust, Community Health, 0-19 Service Jacqui Smith, Health Visitor, Newcastle Upon Tyne Hospitals NHS Foundation Trust, Community Health, 0-19 Service
14:15	BLOCK 22: COMMUNITY, NURSERY NURSING <ul style="list-style-type: none"> Chair: Stella Mann Dispelling myths on food allergies and intolerance <ul style="list-style-type: none"> Viv Marsh, Clinical Lead, Education for Health Child constipation <ul style="list-style-type: none"> Brenda Cheer, ERIC Nurse, Senior Continents Specialist Behaviour management: Autism, Aspergers <ul style="list-style-type: none"> Carol Povey, Director of the Centre for Autism, National Autistic Society Sarah Harris, Autism Trainer, The National Autistic Society
15:15	Refreshments and Exhibition Exhibition Seminar - Why goat milk formula? A discussion on the differences between this newly-regulated choice and cow's milk formula. <ul style="list-style-type: none"> Jacqueline Lowdon, Dietician and Nutritionist, NHS <i>Supported by NannyCare</i>
15:45	The real cost of public health <ul style="list-style-type: none"> Dr Ann Hoskins, Deputy Director Health and Wellbeing, Health People Division, Public Health England
16:00	Nick Robbin Lecture: Hackney Child <ul style="list-style-type: none"> Jenny Molloy, Lecturer, Adviser, and Trainer in Social Care
16:25	Closing remarks
16:30	End of Conference

APPENDIX 23

viv marsh

@vivmarsh

Poetic re-presentation about school nursing
[#inspirational](#) as always [@SarahSherwin2](#) thkU
[#cphva14](#) [#proudtobeaschoolnurse](#)

03:17 PM - 06 Nov 14



Retweeted by

Karen Hansford @karen_hansford

To 207 followers.



APPENDIX 24

Dear Sarah Sherwin

We are pleased to inform you that your abstract:

Performing school nursing in everyday practice: Poetic narratives of providing emotional support to young people.

has been accepted for poster presentation at the *School Nurses International Conference*, taking place at Greenwich University, London on 28-31 July.

Poster format

Your poster should be A0 size, portrait layout.

Putting up your poster

Your poster should be put up on Monday 27 July (17.00-18.30) or Tuesday 28 July (08.30-09.30). Attended poster viewings will be scheduled after lunch during the week, when you (or a co-author) should stand by your poster to answer questions about the work. Posters may only be taken down between 14.30 and 17.00 on Thursday 30 July.

Please book to attend the conference

Poster presenters are required to book to attend the conference by 31 March. If a co-author is presenting the poster and we have not been informed of this, please send an email to events@phe.gov.uk with the subject 'Poster presenter' to let us know. We hope it is not the case, but if you do not wish to present the work as a poster please inform us as soon as possible by email to events@phe.gov.uk and it will be withdrawn.

Poster PDF

The poster abstracts will be added to the website in a couple of weeks. If you would like a PDF of your poster to be added to the conference website nearer the event, please send it to events@phe.gov.uk.

We look forward to seeing you at the conference, and thank you for contributing to the programme.

Kind regards

Sharon White, Professional Officer, School and Community Public Health Nurses Association (SAPHNA)

Wendy Nicholson, Professional Officer - Nursing, Department of Health

Sent by PHE Conferences and Events

Email: events@phe.gov.uk

Website: www.phe-events.org.uk/schoolnursing

PHE website: www.gov.uk/PHE

APPENDIX 24

